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SPECIAL SUPPLEMENT

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Penalty of observing the 'spirit' of RPM

W. Glamorgan contractors seek meeting

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CHEMIST & DRUGGIST

Incorporating Retail Chemist

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COMMENT

An all-party 'cause'

Pharmacy, and general practice in particular, must be increasingly grateful to the Conservative Party for the publicity given to the profession's problems over the past year or so. There was the motion put down for debate last November under the Consolidated Fund Bill; the Party gave support to the profession's calls for a postponement of certain Medicines Act Regulations early this year and, of course, in June the Opposition used one of its last supply days in the House of Commons to sponsor a general discussion on pharmacy and especially the issue of arbitration on chemist contractors' remuneration.

The latest addition to this roll of honour is a whole-page feature in the newspaper of the Party-sponsored Small Business Bureau. The feature is headed "Small pharmacies in danger" and it includes both an explanation of why chemists' NHS remuneration is inadequate and an exposition of the Opposition view by social services spokesman Dr Gerard Vaughan, MP. All this is excellent —except that the heading for Dr Vaughan's article is "The chemist's cause is a Conservative cause." Surely, if the events of the past year have proved anything at all, it is that "The chemists' cause is an all-party cause."

Most of what Dr Vaughan writes on the plight of small pharmacies (which, he says, are "in the best traditions of the small business") is for the consumption of an outside audience, and pharmacists will be examining his words mainly for signs of the policy of a future Conservative government. And there are certainly some pointers—"We must retain our local pharmacies and increase not decrease the personal service they give to people. In some respects the pharmacist is like a sub-postmaster—he can only function if he is local. At present pharmacists are asking to have their own lists of registered customers in the same way that a doctor has his own list of patients—here I believe they are making a mistake.

"I believe this would reduce not increase the scope of many pharmacists—but let us at least discuss it. It is quite clear that the whole role of the corner chemist—not only his finances—needs to be examined. We would be glad to join in this.

"Let us, for example, at least listen to his case against what he sees as the greater freedom of the supermarket. Is there a case for mobile pharmacies in some areas? What are the differences between the role of the rural and the urban pharmacist? Should we move more closely to the position in many other European countries where the pharmacist has a much wider role in giving advice on minor ailments?

"We recognise that it is tragically wasteful of valuable skills to train a pharmacist to a high professional standard and then to expect him to make a reasonable living only if he sells toothpaste and cosmetics. That is the situation forced on him by the present Government. It is a situation we will want to change".

Perhaps Dr Vaughan's Party will have the opportunity to live up to those fine words, but no party in the past has been able to fulfil all the profession's aspirations. The all-party backbench support given to the cause does, however, suggest there may be reason to hope that pharmacy will no longer be a Cinderella left unconsidered when the politicians formulate their plans and their budgets. Could there even be a specific word or two in all the election manifestos—allowing pharmacists to vote for their own Prince Charming, irrespective of party politics?

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Macarthys point to penalty of abiding by spirit of RPM

Commercial decisions taken by Macarthys are expected to result in a marked improvement in their trading pattern, says Sir Hugh Linstead, chairman, in the annual report published last week (results *C&D*, July 29, p165). He says that recent times have seen the emergence of many wholesale competitors prepared to offer the pharmacist substantial inducements—such as extended credit, attractive terms on "price-free" goods and rebates based on overall profitability—to obtain business in price-maintained medical products." In such an environment any wholesaler abiding by the spirit, as well as the letter, of price maintenance would inevitably suffer.

Macarthys' wholesale business, he continues, is now facing a much more difficult trading climate, and it seems probable that the next few years may see great changes in the overall distribution pattern. In spite of the temporary set back the company has a profitable and efficient business, says the report, and Sir Hugh foresees continued thriving.

With the exception of Farillon Ltd, the agency company, Sir Hugh reports a disappointing year for the wholesale business—trading profits fell by £46,000 from the 1977 figure. He attributes part to the marked fall in inflation rate reducing substantially the level of stock profits realised in previous years, and part to the closure of smaller pharmacies. He estimates a 10 per cent decline in Macarthys' share of demand for medicines generated by the "non-aligned" retail pharmacist. Thus overall profitability has declined.

Alter NHS pay basis

A completely different basis for remuneration of the pharmacist's professional services must be sought if retail pharmacy is to remain truly viable in a time of ever-rising costs, Sir Hugh says in his review of Savory & Moore. The recent agreement between the Department of Health and the Pharmaceutical Services Negotiating Committee on remuneration for NHS dispensing could not be regarded as at all satisfactory for retail pharmacy as a whole. The profitability of larger businesses would be reduced while little would be done to help the marginally economic pharmacy carrying out an important social role in a small community.

Savory & Moore was not so dependent on NHS dispensing and as a result the new remuneration scales would have a broadly neutral effect on profitability.

The chain has achieved excellent results, he says. The programme of enlargement and modernisation has continued, resulting in an average turnover, excluding John Bell & Croyden, of over £150,000 per year. The number of branches despite acquisitions and disposals, remains at 63.

On manufacturing, Sir Hugh says the company has reduced its required space by a revision of production methods and because of a reduction in demand. Current price structures precluded profitable business in many standard injections although the company would have wished to continue production of the full range. Substantial profit growth is indicated in the period ahead, he says.

Summing up the group's results, Sir Hugh says the year has been one of steady progress and which has seen the benefit of the spread of activities providing a strong base for future expansion. The deliberate policy has been to establish a leading position in parts of the general health field other than pharmaceutical wholesaling. Whilst the latter remains a substantial element of the group's business it is sensitive to political decisions and to the changing circumstances of the retail chemist market. It is intended to increase the scope and scale of other activities while ensuring wholesaling grows with the market available to it.

Sir Hugh Linstead to retire

In his statement Sir Hugh announces his proposal to retire as chairman on September 28, although remaining as a non-executive member for a further year or so. He says the time has come to give way to a younger man. Mr A. Ritchie has been appointed chairman in a full time executive capacity, and Mr A. Slow is to replace Mr Ritchie as group managing director.

Licences for Sunday trading?

The Association of Metropolitan Authorities is attempting to clarify Sunday trading laws. Views of member local authorities are being sought before the Association presses the Government to review the present laws, which discriminate against tourists in the big cities, AMA says.

Councillor Jack Moultrie, chairman of AMA's general services committee, said

the laws on Sunday trading contained so many anomalies and anachronisms that it was difficult for local authorities to enforce them. A possibility for change was to have a system of licensing which would take account of local needs and opinions as well as other factors such as traffic nuisance. The Association stresses it does not want a "free for all" and has not considered particular goods or particular types of shop.

USDAW launch major drive at Boots

The Union of Shop, Distributive and Allied Workers is launching a major drive to recruit Boots' staff. Under a new agreement concluded with the company USDAW officials are to visit 53 of the major stores in the chain during September; they will be given facilities to interview staff during the lunch break. The first formal agreement with the union in 1976 allowed interviews outside working hours but, according to a Boots spokesman, it produced little response—the new move will provide a "feeler" opportunity for the union.

Under the agreement Boots "welcome staff exercising their rights to join a trade union and recognise USDAW as the appropriate union to represent non-supervisory retail staff". USDAW is producing a supplement to its newspaper, *Dawn*, specifically related to the campaign and copies will be made available to staff in other Boots branches through the union's local organisers.

USDAW is also hoping to recruit retail staff through a poster campaign in shopping precincts, buses and trains.

Pay rise for Boots' factory employees

Wage increases of between 9 and 16 per cent have been awarded to Boots Co Ltd employees following consideration by the Central Arbitration Committee under the Fair Wages Resolution. The new rates take effect from July 1, 1977.

By its contract to supply drugs and medicines to the Ministry of Defence and special hospitals, the company undertook to observe obligations of the Fair Wages Resolution. The Secretary for Employment referred the case to the CAC in respect of managerial, administrative, secretarial and clerical staff employed at the Beeston factory after a submission from Boots to increase its wages. Because of its inability to retain and recruit key workers, the company sought the advice of consultants which led to the company making the submission. It contended that it was paying rates less favourable than the general level observed by other similar employers. Boots Co had limited wage increases in 1975 to a 12 month period in line with the government's request and had consequently become out of step with other companies. Further incomes policy had prevented closure of the gap.

Proposed ban on phenacetin

The Department of Health is proposing to make an order under Section 62 of the Medicines Act to prohibit the sale, supply and importation of phenacetin. Consultations have been opened with the medical and pharmaceutical professions, and consumer organisations.

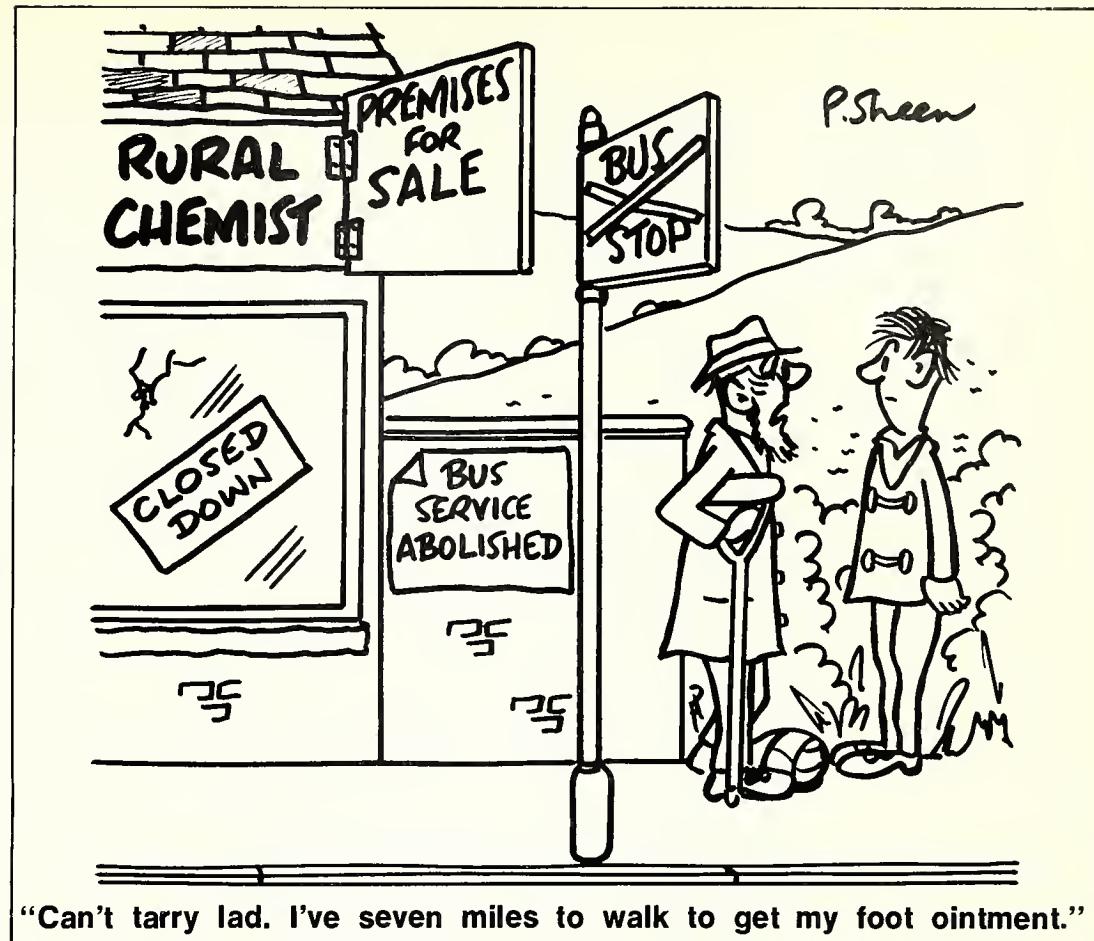
The move follows a recommendation by the Committee on Review of Medicines that on the grounds of safety, phenacetin has no place in analgesic, anti-inflammatory or antipyretic therapy. The Medicines (Phenacetin Prohibition) Order 1974 made phenacetin prescription only but a Department statement says it has become evident that while no phenacetin-only preparations are on the market, there are about 50 products containing phenacetin in combination with other active ingredients with names which do not necessarily indicate the presence of phenacetin. It has been noted that although declining, the number of prescriptions for such products is still almost 500,000 a year.

'Paracetamol better than Distalgesic' bulletin says

Distalgesic has few advantages over paracetamol alone, but it has a number of disadvantages, according to the latest *Drug and Therapeutics Bulletin*.

"It should not be used unless paracetamol in adequate doses has failed to control pain."

The bulletin, which is published by the Consumers' Association, says that Distalgesic is the second most commonly prescribed analgesic in Britain and recent reports of death after self-poisoning suggest a need for its reassessment. Little good evidence exists of the efficacy of dextropropoxyphene, but one study in patients with rheumatoid arthritis showed that two tablets of Distalgesic had superior analgesic effect to paracetamol (1g) alone. The author says the disadvantages of Distalgesic are rapid death from overdose; unwanted effects including nausea, dysphoria and sedation which are not seen with paracetamol alone; dextropropoxyphene inhibits microsomal enzymes which metabolise drugs by oxidation in the liver and can interact with warfarin causing serious unwanted effects. It also has potential for abuse although few reports of serious addiction have appeared. Many doctors, however, find that patients resist attempts to substitute another analgesic but it is not known whether this reflects the drug's efficacy or dependence on the dextropropoxyphene content.



Access to health care seems satisfactory . . .

A study of access to primary health care, being undertaken to find how easily the services of doctors, pharmacists, dentists, opticians and chiropodists may be obtained, seems likely to throw up "few horror stories". The study, jointly financed by the National Consumer Council and the Royal Commission on the NHS, deals with the use of services by the over 70 and under 11 age groups in Hackney and West Cumbria. According to the NCC annual report published on Tuesday, the results have yet to be analysed but give an overall impression of moderate satisfaction.

In the report NCC chairman Mr M. Shanks says a point could be reached where the benefits to consumers of further legislative protection was outweighed by the excessive cost it would impose on producers and distributors—but it had not yet been reached.

. . . but rural areas have problems

The lack of medical and pharmaceutical services is probably the greatest problem resulting from closure of services in rural areas, concludes a recent report.

Last year, the Standing Conference of Rural Community Councils studied declining services in the south west—including shops, sub post offices, primary schools and transport as well as chemists—and found that 95 per cent of villages in Wiltshire, 92 per cent in Somerset, 86 per cent in Gloucestershire and 50 per cent in Avon had no pharmacy.

But the report, "The decline of rural

services," points out that few villages expect to justify their own full-time pharmacist and in rural areas general practitioners may dispense. However, access to doctors was also a problem for some communities.

A relatively small decline in the number of rural pharmacies (no decline in two counties, 4.5 per cent decline in Avon and only one closure in Wiltshire—a 14 per cent decline) is not surprising, the report says, as few villages would have had a chemist in the first place. "However, coupled with a decline in village surgeries and deteriorating transport service even the fact that the number of chemists has not increased could be said to contribute to the difficulties experienced by the non-mobile rural population in getting prescriptions."

As a long term solution, the report suggests that "financial aid might be given in the form of an increased dispensing fee. The pharmaceutical profession would like to see the Department of Health contribute funds in support of pharmacies threatened with closure in areas of need."

"Rent and rates form a large part of a chemist's overheads and if local authorities were willing, and had powers, to grant relief on premises where a shortage of chemists was most acute, this might encourage coverage in otherwise unattractive areas."

As a final word, the report encourages rural dwellers to support their services. "No amount of government help or local initiatives will save rural services unless they are wanted and used by local people. Parish councils and other local organisations should encourage residents to support local services."

"*The decline of rural services.*" National Council of Social Service, 26 Bedford Square, London WC1B 3HU.

W. Glam contractors seek meeting

It is understood that over a third of West Glamorgan contractors have requested a meeting to discuss whether their LPC should pay the Pharmaceutical Services Negotiating Committee levy. No date had been fixed by the time *C&D* went to press.

A letter, signed by 40 contractors, was expected to be sent to Mr Martyn Lloyd, the West Glamorgan LPC secretary, asking for a meeting "to consider and to reject or confirm the committee's resolution to withhold the payment of the PSNC levy."

Mr Lloyd, who had not received the letter by Tuesday, told *C&D* that if the letter was signed by a third of contractors in the area he would certainly call a meeting—and expect everyone who signed the letter to turn up.

Mrs Marion Rawlings, the local PSNC member, was writing this week to all contractors in the area setting out the position as she sees it and encouraging them to make their views known.

'Urgent need' for contraceptives advertising

A Family Planning Association report published last week draws attention to the urgent need for responsible and sensitive advertising of both contraception services and contraceptives.

"No publicity campaign, especially for contraception, can hope to be universally acceptable and effective," says the author, Wendy Smith. "But there is a definite need for family planning publicity," particularly if the free NHS services are to be used to public benefit. In the report, "Campaigning for choice," she examines the impact of 15 campaigns carried out in the past 10 years and recommends future changes, arguing that responsible publicity should be allowed on television, radio and in all newspapers. One conclusion is that all new contraception services, whether on a national or local level, should be given the fullest media-based publicity support.

Family Planning Association project report no 1 (£1), 27 Mortimer Street, London WIN 7RJ.

Airborne substances list revised

A revised list of recommended limits for airborne concentrations of over 500 potentially toxic substances has been published by the Health and Safety Executive. (Guidance Note EH 15/77, HM Stationery Office, £0.30). The limits

are under constant review and revised annually. The latest revision gives notice of threshold limit value changes for 51 substances, including chloroform, which have either not had recommended values in the past, or for which changes are proposed. The new TLVs remain as trial values for at least two years, after which they are adopted if no evidence has arisen to suggest they are not appropriate. The main list includes 21 new TLVs which have been adopted for the first time.

Conservative Party NHS proposals

A summary of the Conservative Party's proposals for the National Health Service is given in the latest edition of the Conservative Medical Society's broadsheet.

The Conservative Party believes the solution lies in: "A local service: We will restore the NHS to the local community by returning responsibility and authority to the local health unit. In practice this would be roughly for a population of 300,000-500,000, equivalent to the present district or single district area. In most places this will mean removing the area tier.

"Local funds: Funds would be allocated directly to the local unit. Local incentives: Where economies are made or money raised locally it should be kept locally. Regional co-ordination: The region will become once again a co-ordinating body, with its members drawn from the local units.

"Voluntary organisations must be regarded as having a rightful place in the health service. We see no conflict between the private sector and the NHS. Every penny spent privately is a penny freed for other uses in the NHS."

SK & F raise their Foundation grants

Smith Kline & French Laboratories Ltd has increased by £8,000 its annual Foundation grants to £26,000 a year. The Smithkline Foundation was set up in November 1977 to function concurrently with the established Smith Kline & French Foundation. The two Foundations are separate legal entities whose trusts have authority to hold and dispense funds for charitable purposes, in particular for the advancement of knowledge in chemistry, medicine and surgery. During its 16 years the SKF Foundation has distributed £360,075 to support 400 projects. The 1977 sum was £19,856.

According to the Foundation's annual report, 46 applications were received in 1977 of which 26 were successful. £700

was granted to Dr M. J. Neal at the pharmacology department, School of Pharmacy, London, for research into the selective inhibition and release of neuronal GABA. Grants were mainly provided for equipment running costs or technical assistance.

Pyrogastrone dispute for full trial

Further to our report on the Pyrogastrone dispute (last week, p314) Reckitt & Colman say that undertakings given in the High Court by Sterling-Winthrop will remain in force until full trial of the action, at which Reckitt & Colman will seek permanent injunctions, damages and costs.

Business aids available

"Rent reviews—the need for professional advice" is a free booklet from Teacher Marks, 46 Mount Street, London W1Y 5RD. It includes some areas where landlord and tenant need specialist advice.

"An open and shut case", starring Arthur Lowe, is a 30 minutes film (or video-cassette) following the progress of an industrial tribunal. It is obtainable for purchase (£175 film; £75 video) or hire (£35; £15) from the sales department, Distributive Industry Training Board, Maclaren House, Talbot Road, Stretford, Manchester M32 0FP.

Following her recent success in winning the Valderma "Face of '78" title, Carolyn Fenton—a 16-year-old schoolgirl from Newcastle-upon-Tyne—has already been approached with modelling and acting offers. As part of her prize, Carolyn will appear on the front cover of the teenage magazine *Fab 208* in September. She has been given the chance by a top agency to explore the possibilities of taking up fashion modelling, and has been offered a part in a new musical based on the Dickens novel "Great Expectations", which is to have its premiere in the north east

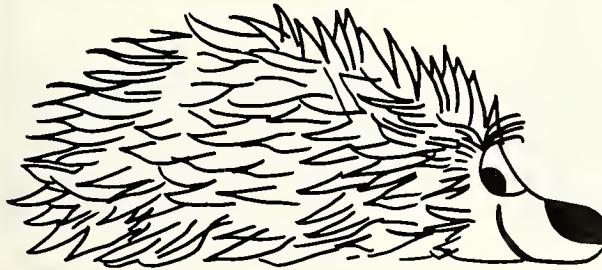


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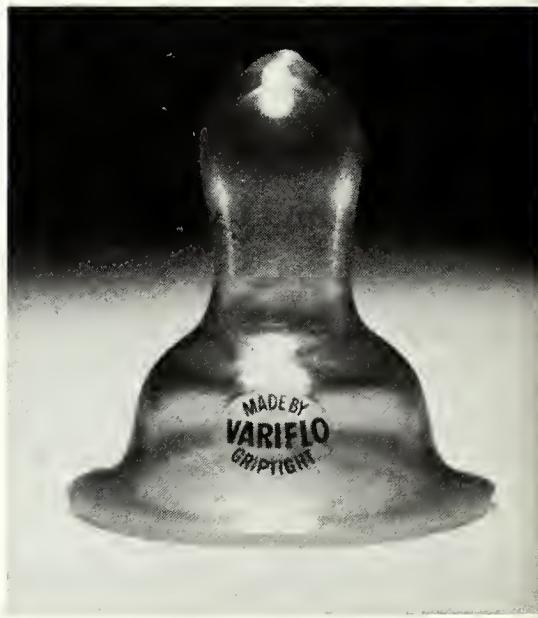
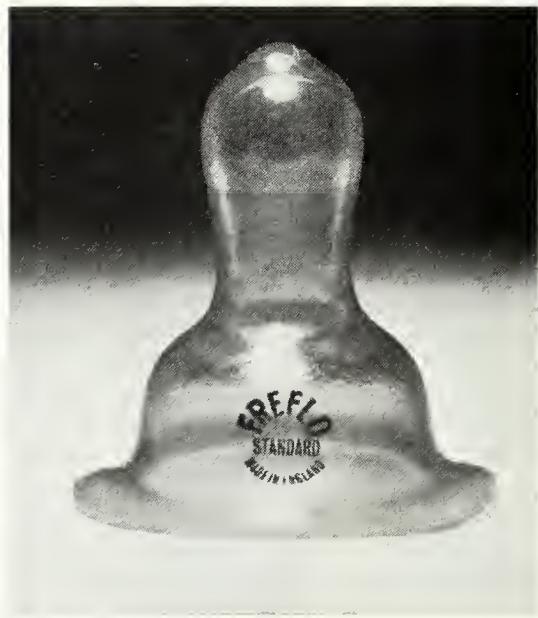
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PEOPLE

Miss E. A. Meikle, BPharm, FPS, has been appointed chief administrative pharmaceutical officer for the Greater Glasgow area. She takes up her duties in November on the retirement of Mr Adam Roxburgh. Miss Meikle was formerly a district pharmaceutical officer in the same area. She is chairman of the National Pharmaceutical Consultative Committee in Scotland and a member of the Pharmaceutical Society's Scottish Department Executive.

News in brief

- Dr Bimal Kumar Ghose MB, 101 Herne Hill, London SE24, is prohibited, from August 10, 1978, from prescribing, administering and supplying and from authorising the administration and supply of drugs controlled under the Misuse of Drugs Act 1971.
- The US Food and Drug Administration has approved the marketing of metoprolol AB Astra Sweden's drug, which will be marketed exclusively by Geigy as licensee, under their own trade mark Lopresor. Astra markets metoprolol under the UK trade mark Betaloc and the drug is now available in 31 countries.
- A new edition of the booklet "Cancer begins to yield" is available free from Montedison Pharmaceuticals Limited, Kingmaker House, Station Road, Barnet, Herts, whose parent company in Milan discovered the antitumour antibiotic Adriamycin (doxorubicin). The booklet covers the chemotherapy of cancer and the nursing care of patients suffering from the disease.
- Shopex International 1979 is planned to occupy over 12,000 sq m and more than half of the space has already been booked, say the organisers Westbourne Exhibitions Ltd. Once again the exhibition will be held alongside Decor International and Interior Design exhibitions. Shopex will be at the National Exhibition Centre, Birmingham, June 3-7. Details from Westbourne Exhibitions Ltd, Crown House, Morden, Surrey.

Health centre developments

The local district council is offering no objections to a proposal for a health centre at Holly Hill, Frankley near Halesowen.

Solihull BC has granted outline approval for a single storey health centre complex on council-owned land at the north end of Palmers Rough, off Northbrook Road, Shirley, for the Solihull AHA. Work is starting on a **Liverpool** City Council £357,000 contract for a two storey health centre in Liverpool. It should be completed by the end of 1979. **Hampshire AHA** has awarded a £286,000 contract for a two storey health centre at Lordshill, Southampton. The work should be completed by the end of 1979.

TOPICAL REFLECTIONS

by Xrayser

Correspondence please

Have you ever sent a letter to the Editor? There are one or two of you whose names we begin to recognise after a while but most of us are content to grumble to ourselves, or the staff, or the ever-sympathetic ears of the reps. I think it is a pity that we leave it at that, for, as a fact which I have had to respect of late, our journals are being read as a means of gauging mood and opinion by our leaders and adversaries. The sum of feeling from your letters can be an effective means of influence, particularly in matters of practical importance. Whilst, apart from indicating mood, I can't see much point in writing at length about what we should get, without saying how we are to get it, I think there could be real value in identifying one problem which may bug you, and then suggesting ways in which it could be tackled.

One of the problems that certainly bugs me is the issue of leapfrogging, which leads to the cry, my cry, that there should be some control over the opening of new pharmacies. Since my business, like many others, would be vulnerable to the intercept pharmacy I am interested in self protection. Even though I run a competitive business in order to reduce the risk, everything I have is wrapped up in it, and I must hope to sell when I retire.

Yet how quickly did the correspondence and discussion on the proposals for a rational location of pharmacies dry up. Do most of you think to yourselves that whatever will be will be? Are you too busy coping with today's business problems to think about how you might avert tomorrow's? I am sure we can have an influence—and even more sure that our leaders don't have a monopoly on good ideas. It takes only a few minutes to write a few lines—and once you've seen your name in print you might even develop a taste for it!

Doctor dispensing?

A friend has just written telling me of a recent script. It called for Betnovate cream 15g, Nystan cream 15g, ung aquosum 75g. Mix. He rang the doctor and pointed out that apart from the incompatibilities of base, Nystan cream should not be diluted, as it would become ineffective. The very terse reply was that it was to be diluted since it was for a child only one year old and had been perfectly successful previously! At this point the pharmacist pulled rank telling the GP that as drugs were his business he knew what he was talking about and would not dispense such a script. He was prepared to make a dilution of Betnovate in the correct base, and suggested that if the doctor was treating a fungal infection undiluted Nystan cream should be supplied as a second item. It was agreed. Later, when the child was brought in it was found to have a nappy rash. . . .

BOOKS

Medicines and Poisons Guide

Prepared in the Pharmaceutical Society's law department by Christine E. Hay, LLB, BPharm, MPS. (*Pharmaceutical Press*, 1 Lambeth High Street, London SE1 7JN). 12½ x 9¼ in. 68pp. £2.50. This book is intended mainly as a practical guide to the law for retail pharmacists when selling or supplying medicines and poisons. It replaces the "Poisons and TSA guide" and its successor "Restricted

medicines and poisons" and takes account of changes made by the Medicines Act 1968 (Part III) and the Poisons Act 1972. Section 1 on medicines for human use covers General Sale List, Pharmacy and Prescription Only Medicines, exemptions from controls, labelling requirements and Controlled Drugs. Section 2 is devoted to veterinary drugs and section 3 to non-medicinal poisons. Alphabetical lists show the legal classification of each entry. Since the book was printed it has been updated with a photocopied sheet taking into account the amending Orders and Regulations introduced in August (C&D, July 29).

COUNTERPOINTS

Image beauty moisture launched nationally

Image beauty moisture, which has been on test market for some time, is now being launched nationally by the toiletries division of Smith & Nephew. It is a mild moisturiser, they say, "specially created to protect the skin's natural texture", and is available in two sizes (50cc £0.72, 110cc £1.05). Image beauty moisture will be advertised during the remainder of 1978 in women's magazines and on radio and will be supported by various public relations activities. *Smith & Nephew Cosmetics Ltd, Hook Rise, Kingston by-pass, Surbiton, Surrey.*

Bran-slim on TV

Thompson Medical are advertising Bran-slim on television again for three weeks from September 17. The advertisements will appear in the ATV, Granada and Trident (Yorkshire and North East) areas. *Thompson Medical Co Ltd, Cunard Road, London NW10 6PN.*

An offer shavers 'can't refuse'

Sperry Remington are offering a money-back guarantee to purchasers of a new Remington M3 shaver if the owner is not totally satisfied after 30 days' use.

Apart from demonstrating Remington's confidence in the M3, this "money-back promise" has two advantages:—firstly, the possible reluctance of a consumer to spend from £18 to £28 without a prior trial is overcome. Secondly, this offer should appeal to the pre-Christmas gift market in helping to overcome the usual uncertainties in gift buying. The company explains that in the unlikely

Shown below are the new outer cartons for Tegrin anti-dandruff shampoo. The product's continuous Press campaign is being reinforced from this month with adapted advertisements to include a visual of the new packs.



event of a purchaser wishing to claim a refund, he returns the shaver directly to Remington, with the original receipt.

The promotion runs from September 1 to February 28 1979. It is available on all three triple action M3 models: mains, mains de luxe and rechargeable. A full range of in-store display material is available for retailers and a national advertising campaign is planned. *Sperry-Remington Consumer Products, Apex Tower, Malden Road, New Malden, Surrey.*

New treatment for Countess packaging

Countess has been repackaged by Beecham. The new design is said to give it important display impact on shelf or counter. The new Countess carton, in light and dark blue, will be flashed to highlight the product's lanolin ingredient. The company says that research has shown that women value lanolin as a hair conditioning agent—and that the new pack design appeals strongly to a wide cross-section of both users and potential users. Gavin Bell, Beecham's marketing manager for women's hair care says: "The new packs, which will be delivered by the representatives in pre-pack display units, will boost the impact of Countess on both the chemist shelf and counter". *Beecham Proprietaries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

Headhogs backed by campaign

The new Headhog styling brush, launched last March by Kent of London, is being backed with an advertising campaign in women's magazines. The theme

of the campaign is "A girl's best styling friend" showing the cartoon figure of the Headhog coming "alive". The advertisements will appear in consumer magazines including *Cosmopolitan, She, Over 21* and *19*. Kent director, Alan Cosby, says: "This is the first in a series planned under our new marketing strategy and we feel very optimistic and excited about the future".

The company is bringing out another new brush called the New Wave which is said to be "perfect for taming hair when blow drying". New Wave (£1.75) is an all round or half round pure bristle brush with a carved wooden handle which is lacquered red. A later model will be introduced in natural rosewood (£2.50). The display stand is made from natural pine and holds six brushes. The company says that when it is empty it can either be refilled or taken home for other uses, such as an egg rack or utensil holder. *G. B. Kent & Sons Ltd, 24 Old Bond Street, London W1X 4AB.*

Skimmed food with *Lactobacillus*

Eugalan-Töpfer-Forte, a nutritional supplement based on skimmed milk with added *Lactobacillus bifidus*, is being distributed by Tillotts Laboratories. Eugalan (£3.50) will be advertised in consumer journals, particularly in the health-food field. *Tillotts Laboratories, Unit 24, Henlow Trading Estate, Henlow, Beds.*

Atrixo sampling

One-and-a-half million sachets of Atrixo will be given away in the September 23 issue of *Woman* magazine. The sachets contain sufficient hand cream for five days use. The product will also be advertised in women's magazines from October to December. *Nivea Toiletries Ltd, Surbiton, Surrey.*

ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Anadin: All except U, E

Andrex: All except Ln, U, E

Brobat Bloo: All areas

Head & Shoulders: All except Lc, WW, B, E

Lemon Eno: Lc

Oil of Ulay: All except E, CI

Pure and Simple: All areas

Rennie: WW, We, CI, B

Ribena: All areas

Topex: All areas

Vosene: All areas

Chewable vitamins display outer

Approved Prescription Services Ltd, have introduced display outers of APS chewable A, C and D vitamin tablets. Each outer contains an assortment of orange, lemon and blackcurrant flavours with 25 tubes in all (tube of 100 tablets, £0.55). Until October 31, the following bonuses are available—two outers, 10 tubes free in flavour of choice; four outers, 30 tubes free in flavour of choice. *Approved Prescription Services Ltd, Whitcliffe House, Whitcliffe Road, Cleckheaton, West Yorks.*

Own your own Andrex Puppy

The "Andrex puppy" will be available to consumers as a soft toy in an on-pack promotion this month. The offer will be flashed on the end seals of Andrex packs and, as with earlier promotions, will be supported by an advertising campaign in the *TV Times*, *Woman*, *Woman's Own*, *Woman's Realm*, *Woman's Weekly* and October issues of *Family Circle*, *Good Housekeeping*, *Good Life*, *Home & Freezer Digest*, *Living*, *Mother & Baby*.

The toy can only be bought through the offer from Bowater Scott and costs £2.50 plus two proofs of purchase. The company feels that the timing of the offer, to run throughout September and October, means that consumers will see it as a good Christmas present idea. The toy is modelled on the Labrador puppy in the television commercials, and the cartoon image in the Press. *Bowater-Scott Corporation Ltd, Bowater House, 68 Knightsbridge, London SW1X 7LR.*

Nina Ricci eau de parfum

Nina Ricci's three fragrances—L'Air du Temps, Farouche and Capricci—will be available in an eau de parfum form from the end of the month. The eau de parfum (50ml, £5.50 and 100ml, £8.25 except Capricci) has a perfume concentration of 7, that is 10 per cent, while the Cologne has 1.5 (2 per cent), the eau de toilette 3 (4 per cent) and the perfume 15 (20 per cent). *Shulton (Great Britain) Ltd, Trevor House, 100 Brompton Road, London SW3 1EW.*

Scottish beer

Viking Brews are adding a new line to their range of Geordie home brew kits from September 1. The tins of "40 pint liquid concentrate Scottish Export" (£1.78) have flashes of green plaid on the side, but otherwise the label sign is similar to the other gold labels. The

company says that this introduction is in answer to many requests from customers for Scottish beer. *Viking Brews Ltd, 28 Clive Street, North Shields, Tyne & Wear NE29 6LD.*

Bonus offer

May & Baker are offering bonus terms of 10 as 9 to chemists only until December 8, on 125ml Phenergan elixir, 125ml Phenergan compound linctus, 125ml Tixylix, 10ml Brolene eye drops and 5g Brolene eye ointment. Supplies may be obtained from usual distributors

but the company says that a higher bonus offer is available solely through M&B medical representatives. *May & Baker Ltd, Dagenham, Essex RM10 7XS.*

Catarrh capsules

Beechams catarrh capsules (£0.75) have been introduced in foil packs of 12, with sale restricted to pharmacists. The product is on test in the Harlech television area initially and contains guaiaphenesin 100mg and phenylpropanolamine hydrochloride 25mg. *Beecham Proprietaries, Brentford, Middlesex TW8 9BD.*

Dispense with diminishing sales.

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PRESCRIPTION SPECIALITIES

Flenac—a new anti-arthritis drug

Flenac is a powerful anti-inflammatory and analgesic which inhibits prostaglandin synthetase and has been shown to lower erythrocyte sedimentation rate substantially in many rheumatoid patients. It can provide continuous 24-hour relief with a twice-daily dose and is said to be well tolerated by most patients, with gastric upsets infrequent and generally mild.

Manufacturer Reckitt & Colman pharmaceutical division, Dansom Lane, Hull
Description White biconvex tablet containing fenclofenac 300mg, embossed "Flenac"

Indications Treatment of chronic and sub-acute rheumatological conditions such as rheumatoid arthritis, ankylosing spondylitis and osteo-arthritis

Contraindications Active peptic ulceration or gastric bleeding

Dosage Up to 1,200mg (four tablets) daily on a twice daily (night and morning) regimen, taken with or after food. Maintenance 900mg daily is suitable for most patients, with two at night and one in the morning to combat early morning stiffness as in rheumatoid arthritis, or one at night and two in the

morning for daytime pain and stiffness as in osteo-arthritis. Initial regimen can be adjusted to between 600mg and 1,200mg daily according to response

Precautions Should not be prescribed for children or for pregnant or lactating women until paediatric indications and dosage have been established and safety in pregnancy demonstrated. Should not be given with anticoagulant drugs as it is known to displace them from plasma protein binding sites. Care in patients with known renal or hepatic dysfunction, eczema, asthma or those sensitive to aspirin or other non-steroidal anti-inflammatory drugs. Small increases in blood urea levels have been seen. Should be withdrawn at least 10 days before thyroid function tests

Side effects Gastro-intestinal discomfort including nausea has been reported but was infrequent, generally mild and usually responded to dose reduction; symptoms severe or persistent enough to require withdrawal have been rare. Rashes have occurred, usually during first month of treatment, but these are mild and resolve shortly after withdrawal. In some patients the rash did not recur on resuming treatment

Packs Blister packs of 10 tablets in boxes of 10 packs (£9.77 trade)

Supply restrictions Anticipated POM

Issued September 4, 1978

during administration of lithium

Dosage Initially one daily with breakfast. If blood pressure not satisfactorily lowered after two to three weeks, a second with midday meal may be given. In resistant cases three daily may be required. Maximum effect may take two to three weeks

Precautions Patients with poor cardiac reserve should be stabilised with digitalis before Viskaldix treatment to prevent impairment of myocardial contractility. To be used with caution where history of bronchial asthma or recent myocardial infarction and in patients with spontaneous hypoglycaemia, diabetics on insulin or oral hypoglycaemics. During breast feeding administration only in compelling circumstances. During treatment patients should not undergo anaesthesia with agents causing myocardial depression. Viskaldix should be withdrawn 24 hours before surgery. In emergency atropine sulphate 1-2mg intravenously should be given to prevent severe bradycardia. Where indicated in patients with pheochromocytoma alpha blocker must also be given. In severe renal failure a further impairment of renal function following beta blockade has been reported. Potassium levels should be checked where kidney or liver failure, and urate levels where gout. If rashes and dry eyes occur, discontinue.

Side effects Depression, diarrhoea, insomnia, headaches, sleep disturbance, epigastric pain, fatigue, dizziness, hypotension have occurred but usually disappear if dosage reduced

Packs 30 (£6.82 trade)

Supply restrictions Prescription only

Issued September 1978

welfare. In pregnancy care should be taken in using an applicator to prevent mechanical trauma

Side effects *Cream*—occasional local irritation manifested by erythema, burning or stinging, pruritus. *Pessaries*—occasional discomfort, usually only transitory.

Storage At room temperature

Packs *Cream*—15g (£1.25 trade) and 30g (£2.50). *Pessaries*—3 (£3.60 trade)

Supply restrictions Anticipated POM

Issued September 1978

VISKALDIX tablets

Manufacturer Sandoz Products Ltd, PO Box Horsforth No 4, Calverley Lane, Horsforth, Leeds LS18 4RP

Description White, uncoated, round tablet, marked "7D" with single break-line on one side, containing pindolol 10mg and clopamide 5mg

Indications Mild to moderate hypertension. May be suitable when satisfactory control of arterial blood pressure cannot be obtained with either a diuretic or a beta blocking agent used alone

Contraindications Cardiac failure unless satisfactorily controlled by digitalis. Atrio-ventricular block, pronounced bradycardia, obstructive pulmonary disease, cor pulmonale, severe renal or hepatic failure, metabolic acidosis prolonged fasting, hypokalaemia, pregnancy. Should not be taken with agents which inhibit calcium transport, in known hypersensitivity to sulphonamides or

Cox generic range

Arthur H. Cox & Co Ltd have introduced a range of generic tablets in hospital dispensing ward packs. Minimum quantity outer cartons contain 20 x 50s in amber glass bottles. Currently available are dextropropoxyphene 32.5mg and paracetamol 325mg white film coated (trade £10); folic acid 5mg (£2.80); frusemide 20mg (£17.26), and 40mg (£27.06); nitrazepam 5mg (£16.30). Available shortly will be chlorpropamide 100mg (£18.71), and 250mg (£35.51); diazepam 2mg (£7.53), 5mg (£9.88), and 10mg (£14.55); methyldopa 250mg yellow film coated (£35.88). The range will also be made available through wholesalers. Arthur H. Cox & Co Ltd, 93 Lewes Road, Brighton, Sussex BN2 3QJ.

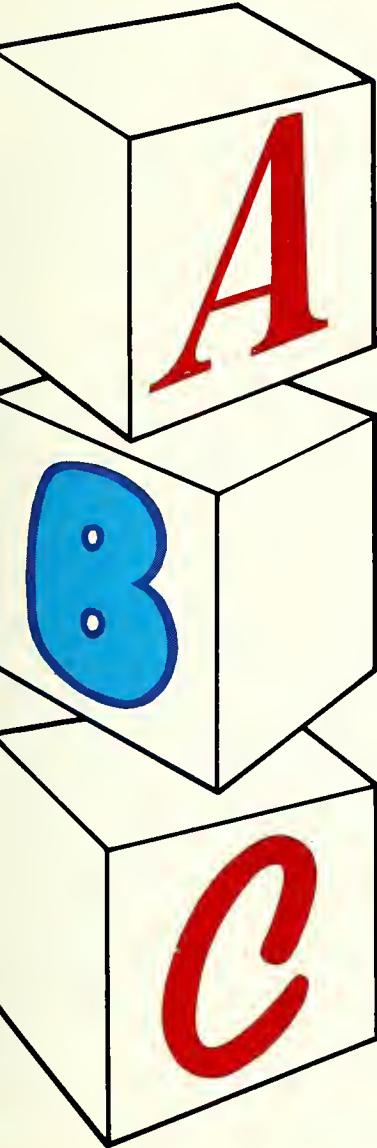
Lopresor in 56's

Lopresor 100mg will be available in blister packs of 56 (4x14) from September 4 (trade £4.37). Lopresor 50mg remain in 100's. Geigy Pharmaceuticals, Hurdsfield Industrial Estate, Macclesfield, Cheshire SK10 2LY.

BUBBLY'S in good company

Over 16,000,000 coupons distributed to 4 million homes in September will introduce the Bubbly name along with two other big brand names — Ayds and Cuticura.

The ABC of volume sales



Ayds

20p OFF

Coupon redeemable against a one-month or a two-week pack. Nowadays slimming is a year-round business with a year-round selling season. Here's your chance to cash in on this growing market.

BUBBLY FOAM BATH

10p OFF

Introductory coupons, guaranteeing a fast start to Bubbly sales, and they are timed to coincide with your special introductory price.

Cuticura®

5p OFF

Coupons for both Cuticura Hand Cream and Hand Lotion, famous for extra softening action. Full colour advertisements in women's magazines are timed to coincide with the coupon drop.

ORDER NOW stock all three brands

SPECIAL OFFER ORDER FORM

No postage is required, just put FREEPOST on an envelope, and send to Cuticura Laboratories, FREEPOST, Cordwallis Estate, Maidenhead, Berks.

I would like to order the following product on the special terms.

Bubbly Foam Bath 500ml (RSP 59p) x 6 btts. at £2.04½p per 6 btts. **

Ayds One Month (RSP £2.57)

Vanilla
Mint
Coffee

Ayds Two Week (RSP £1.63p)

Vanilla
Mint
Coffee

Cuticura Hand Cream

Standard 50g (RSP 38p)
Large 100g (RSP 55p)

Cuticura Hand Lotion (RSP 48p)

Standard 175ml

Promotion Margin

37.6%

My name and address is :

Name

Address

31.5%
31.5%
31.5%

Signature

31.3%
31.3%
31.3%

I understand that my order will be processed via my nominated Wholesaler.

My Wholesaler's name and address is :

Name

Address

36.0%
35.8%

.....

**Equivalent to 12 as 10

*Equivalent to 12 as 11

Note : These prices are available on all orders received by 30 September 1978. VAT at 8% except Ayds – zero rated.

At Last a major new entry into
the fast growing children's bubble bath market-

BUBBY FOAM BATH

FROM **Cuticura®**

- * Nationally advertised and promoted brand
- * Quality product — from Cuticura Laboratories
- * More baths per bottle — up to 25 fun baths
- * More bubbles per bath
- * Strong introductory support:-



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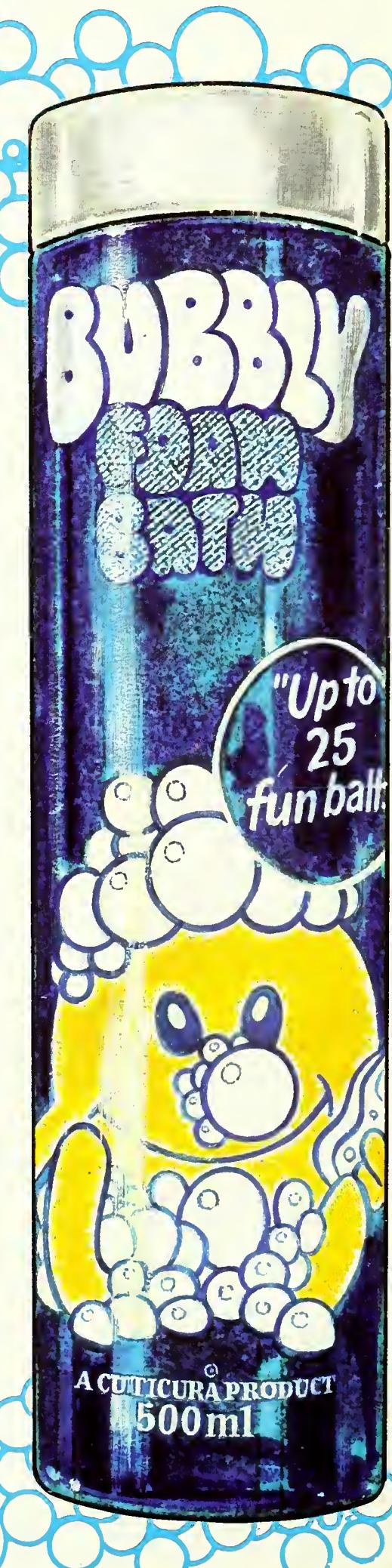
*Full colour advertisements in
women's interest magazines*

*Special on-pack colouring
contest*

Special introductory price

WATCH OUT FOR THE BUBBLY GIRL

Watch out for the Bubbly girl calling at your shop in September. If you are displaying Bubbly Foam Bath when the girl calls, you receive a free bottle of "bubbly" (Gancia Spumante wine). Join in the seller-brations, order now and also get the special introductory price.



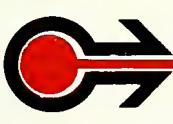
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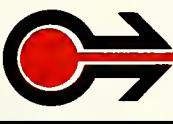
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CD/9/78

Vitamins and tonics

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A guide to rational advice

by A. Li Wan Po, BPharm, PhD, MPS, department of pharmacy, University of Aston

Millions of pounds are spent annually on vitamins and tonics. Patients purchase these for a variety of reasons and possibly one of the most common requests from patients visiting the pharmacy is for a "pick-me-up" tonic. Other conditions for which there is a call for these products include hair loss, waning sex drive, somnolence, lack of appetite, poor skin condition and susceptibility to infections. The extent to which vitamins can help in these conditions is subject to much debate. In this article an attempt is made to present information which may be useful in enabling the pharmacist to give rational advice to his customers.

Vitamins

The vitamins form a chemically heterogeneous group of compounds which have a similar function in metabolism and hence are grouped together.

Although the nomenclature of the vitamins has evolved considerably, it is still very confusing because older names are still widely used and different countries often have different names for the same compound. In addition, one name often refers to a group of chemicals rather than to a single entity. The vitamins can quite conveniently be classified into two major groups : the fat-soluble and the water-soluble (table I).

The way in which the vitamin content of pharmaceutical preparations is expressed can also be very confusing. Vitamins A, D and E are expressed both in units and in weights. For vitamin A, one international unit (iu) is equivalent to 0.3 mcg transretinol, 0.344 mcg of transretinyl acetate and 0.6 mcg trans beta-carotene.

Vitamin A strength is also commonly expressed as retinol equivalents, defined as 1 mcg of retinol. Thus, one iu of vitamin A is equal to 0.3 retinol equivalent. For vitamin D, one iu is equal to 0.025 mcg ergocalciferol while one iu of vitamin E is equivalent to 1 mg DL-alpha-tocopherol acetate or 0.67 mg D-alpha-tocopherol.

Vitamin A. This may be derived both as the preformed vitamin and as precursors of which beta-carotene is the most useful and plentiful in human diets. The liver is the main, if not the only, organ able to convert the carotenes to

retinol in man and the preformed vitamin is better absorbed through the gut than the provitamins.

Vitamin A is necessary for a variety of functions and deficiency leads to conditions such as night blindness (nyctalopia), malformation of bone structure and xerophthalmia (keratinisation of ocular tissue and inflammation of the membranous tissue around the eye which may ultimately lead to blindness). Although these conditions are still seen in developing countries, the normal diet in the UK ensures an adequate supply. Deficiency may however arise from mal-absorption (as occurs in biliary obstruction, dysentery and lack of fat in the diet) and deficient metabolism of beta-carotene (as in cirrhosis of the liver and inadequate zinc levels).

Overdosage of vitamin A can lead to painful joints and loss of hair and regular ingestion of more than 2,000 retinol equivalents of the preformed vitamin, above that already in the diet, may be hazardous. Ingestion of an equivalent amount of the provitamin does not seem to lead to the same toxic reactions.

Vitamin A in combination with calcium carbonate has been promoted for

the prevention of sunburn. It is thought (1) that vitamin A could antagonise the toxic effects of vitamin D and in addition prevent dryness and follicular keratosis from developing (2). Independent studies (3, 4) however showed no significant advantage. Although topical application of the acid derivative of vitamin A is effective in acne, there is no evidence that oral vitamin A is useful (5).

Vitamin D. The most important members of this group are D₂ and D₃. Both of these can occur as the provitamins. 7-dehydrocholesterol, provitamin D₃, is synthesised in the body, activated in the skin by ultra-violet irradiation and stored in the liver. In tissues, cholecalciferol (D₃) has to be metabolised further to 1,25-dihydroxy-cholecalciferol to be active.

Vitamin D₃ affects calcification by increasing the absorption of calcium and phosphorus. Lack of the vitamin decreases the excretion and renal clearance of phosphate ions. The classical manifestation of chronic vitamin D deficiency is rickets. With better nutrition and the drive against air pollution, the condition is becoming increasingly rare in Britain. There has however been increasing awareness that infants, adolescents and pregnant women from the Indian subcontinent in the UK may be more prone to vitamin D deficiency as evidenced by the proportionately higher incidence of rickets and osteomalacia among them (6, 7, 8, 9). This is thought to be due to their diets and lack of exposure to sunlight.

Although overconsumption of vitamin D foods is unlikely to produce toxic levels of the vitamin, the same cannot be said for pharmaceutical preparations. Hypercalcaemia and nephrocalcinosis are both dangerous side effects of overdosing with vitamin D. Vitamin D and A are often consumed as fish-liver oils. Cod-liver oil and halibut oil are two products available both as the pure oil and as capsules. Halibut oil has a higher vitamin A and D content and the ratio of A to D is also higher. Cod-liver oil contains not less than 600 units of vitamin A and 85 units of vitamin D per g whereas halibut oil contains not less than 30,000 units of vitamin A and 3000 units of vitamin D per g.

Continued on p360

2 September 1978

Table 1: Nomenclature

Fat soluble vitamins

A₁ aldehyde (retinal)
A₂ (3-dehydroretinol)
A₁ alcohol (retinol)
D₂ (irradiated ergosterol, viosterol)
D₃ (activated 7-dehydrocholesterol, cholecalciferol)
K₁ (phytomenadione)
K₂ (farnoquinone)
K₃ (menadione)
E (alpha-tocopherol)

Oil soluble vitamins

B₁ (thiamine, aneurine)
B₂ (riboflavin, lactoflavin)
B₆ (pyridoxine)
B₁₂ (cyanocobalamin, cobamide, extrinsic factor)
p-aminobenzoic acid (PABA)
Biotin (vitamin H, coenzyme R)
Folic acid (vitamin M, vitamin Bc, pteroylglutamic acid)
Inositol
Lipoic acid, (protogen, thioctic acid)
Vitamin C (ascorbic acid, L-ascorbic acid, cevitanic acid)
Nicotinic acid (niacin)
Pantothenic acid

ON A SHOW OF HANDS BRITAIN'S BEST-SELLING HAND CREAM.

There could be 1½ million new users
by December too!

More women pick Atrixo because to try it once is to buy it regularly.

That's why we're giving away 1½ million 5-day sachets of Atrixo free in the September 23rd issue of Woman.

And that's why in the Oct-Dec period we're running full-colour Atrixo ads in over 4 million women's magazines.

So up your Atrixo stocks now and enjoy the handy uplift in your sales.



Vitamins and tonics

Rational advice

Continued from p358

Vitamin E. The term again refers to a group rather than to a single chemical entity although alpha-tocopherol is the only compound which is well defined in terms of activity. Vitamin E is a potent antioxidant and it is thought that the vitamin may prevent accumulation of fatty acid peroxides in the body. Much work has been done on animals but the clinical implications of these studies in man are still very uncertain.

Vitamin E is claimed to have beneficial effects on athletes by improving muscular performance (10) but the results are not generally accepted (11). Vitamin E products are often formulated as esters owing to their greater stability to oxidation.

Vitamin K. Vitamin K activity is possessed by a large number of compounds which includes vitamin K₁, K₂ and menadione. A wide range of foods contains vitamin K₁. In addition, intestinal bacteria synthesise significant amounts of the vitamin so that deficiency is unlikely to occur unless there is some pathological condition such as biliary tract obstruction and coeliac disease. Hypervitaminosis with this product is characterised by gastro-intestinal disturbances and anaemia (12).

Oil soluble

Thiamine (vitamin B₁). Thiamine participates as a co-enzyme in many metabolic transformations and thiamine deficiency is reflected in disturbances affecting the peripheral nervous system, the gastro-intestinal system and the cardiovascular system. The classical condition associated with thiamine deficiency is beriberi, a condition characterised by polyneuritis (13), and which is still an important problem in some Asian countries.

The requirement of vitamin B₁ is heightened when there is increased metabolism as in fever, exercise, pregnancy, hyperthyroidism and lactation. A diet high in carbohydrate also requires an increased daily requirement for the vitamin. The limited storage capacity the body has for the vitamin and the relatively easy disposal of any excess taken are factors which have influenced the recommendation that the vitamin should be taken regularly in the diet. This does not necessarily mean that pharmaceutical preparations are recommended in the absence of proven deficiency.

Riboflavin (vitamin B₂). Riboflavin phosphate (riboflavin mononucleotide) is the

active form of the vitamin, lack of which leads to characteristic lesions of the mucous membranes and skin. These include (13): a sore, magenta-coloured tongue, painful fissures at the angles of the mouth (angular stomatitis), a stripping of the superficial epithelium at the line of closure of the lips (cheilosis), seborrhoeic dermatitis of the naso-labial folds, ears and chest, vascularisation of the cornea and keratomalacia.

Nicotinic acid. Deficiency of this vitamin leads to the condition known as pellagra which is characterised by diarrhoea, dermatitis and diarrhoea (13). A grossly imbalanced diet (eg corn diet and in alcoholics) can lead to a deficiency in nicotinic acid. Metabolic conversion of tryptophan produces much of the nicotinic acid required by the body.

On the basis of its vasodilator activity, nicotinic acid has been used in the treatment of certain types of Ménière's disease (a functional derangement of the semicircular canals leading to tinnitus, vertigo and possibly deafness) and peripheral vascular disorders including chilblains. Nicotinic acid has also been used to treat hyperlipidaemia and schizophrenia. There is little convincing evidence to show that it is useful in the treatment of these disorders.

Nicotinic acid can cause gastrointestinal disturbances, allergic reactions, flushing and increased anginal episodes in pre-existing angina. The drug is contraindicated in patients with active peptic ulcer and gastritis. These contraindications are only for the high doses found in pharmaceutical, one component, preparations. Nicotinamide produces the same actions as nicotinic acid but has no vasodilator activity.

'Pill' depression

Pyridoxine (vitamin B₆). Pyridoxine deficiency is rare although cases leading to clinical symptoms in infants and in pregnant women have been described. Clinical features in adults include cheilosis, glossitis, weakness, peripheral neuritis and increased susceptibility to infections (13).

Recently, much attention has been aroused following reports of its usefulness in treating the depression sometimes associated with oral contraceptives (14, 15). It was subsequently shown (16) that women on the "pill" may show altered tryptophan metabolism. It has been suggested (17) that oral contraceptives markedly interfere with the use of, or increase the need for, pyridoxine. The resultant pyridoxine deficiency besides interfering with 5-hydroxytryptophan decarboxylase activity in the brain also blocks the tryptophan-nicotinic acid pathway and increases hepatic phosphoenol pyruvate-carboxylase activity. Impairment of carbohydrate tolerance is therefore a possible sequel (18). Doses

of 100 mg daily are necessary to reverse "pill"-induced depression.

Pyridoxine has been claimed to be useful in acute intoxication with alcohol (20) but a further study (21) failed to show a consistent effect.

Pantothenic acid. There does not appear to be any proven correlation between any symptom and lack of this vitamin. In animals alopecia has been demonstrated to result from pantothenic acid deprivation. This probably forms the unjustified basis for adding the vitamin to some hair dressings.

Biotin. Intestinal bacteria can synthesise biotin and studies in man have shown that faecal and urinary excretion of it far exceeds the dietary intake. It is unlikely that deficiency in biotin ever occurs in humans. A claim for its usefulness in arresting and reversing hair loss after topical application has been made (22). Further studies are obviously needed to validate this observation.

Lipoic acid. This compound has been used in the treatment of liver dysfunction and mushroom poisoning but its requirement in human diet has not been demonstrated.

Folic acid. This occurs as at least three chemically related compounds which differ only in the number of glutamic acid residues attached to a pteridine-amino benzoic acid complex. Folic acid deficiency leads to a macrocytic anaemia. However, folic acid on its own may mask the symptoms of pernicious anaemia which may eventually lead to neurological damage. Hence, many authorities recommend that folic acid should not be included in multivitamin preparations. The current Medicines Act has actually made preparations containing more than 200 mcg of folic acid Prescription Only products.

Folic acid deficiency can be observed when the diet approaches starvation, when absorption is impaired due to some organic disease and, for some unknown reasons, late in pregnancy. How well the folates are absorbed depends on their form. Monoglutamates are better absorbed than polyglutamates (23).

Vitamin C

Ascorbic acid. Ascorbic acid is possibly the most widely consumed vitamin although a lot of controversy still surrounds its use. There is no doubt that it is essential for good health and severe deficiency produces scurvy. Patients feel generally unwell, have bleeding gums and have loose and infected teeth. Anaemia and delayed wound healing may also be observed.

Old age pensioners and bottle fed babies are often at risk of becoming vitamin C deficient. Elderly people generally have poorer diets while breast

Continued on p367

“‘Ere Pete. What effect do you think our radio commercials that present Showerfresh as a truly refreshing experience will have on an unsuspecting world?”

“Well, Dud. It should help a lot of Showerfresh stockists balance the books. And it should make travelling in crowded lifts a far more refreshing experience.”



In the way only they can, Peter Cook and Dudley Moore will be telling the world about Showerfresh in an intensive commercial radio campaign.

They will be announcing the new Seacrest fragrance. And selling the new ten-shower trial size tube.

So stock and display Showerfresh. And see just how soon your ship comes in.

Radox Showerfresh: For a fresher, more fragrant shower.

Nicholas

Pharmaceuticals,
Toiletries, Hospital Supplies

A FREE SMILE W

Nobody can offer you much more than a grateful smile for selling any kind of dental floss.

But you're likely to sell more Johnson's Dental Floss than any other kind because it outsells all other flosses by 4 to 1.

And now more and more dentists

are coming out in favour of flossing.

By the simple use of Dental Floss between the teeth, harmful organisms and food particles that are impervious to any other method can be removed.

This prevents a build up of plaque, the major cause of tooth decay and gum infection.

So the next time you're talking to a customer who's interested in dental hygiene, you can recommend the best defence in the fight against plaque.

Johnson's Dental Floss.

We're advertising Johnson's Dental Floss in women's magazines for the rest of the year.

So you shouldn't be too surprised when you find your customers asking for it.

And coming back for more of it with a beautiful smile on their faces.

Johnson's DENTAL FLOSS
WAXED OR UNWAXED. EXTRA VALUE 25 metres.

*Reg Trade Mark: Johnson & Johnson Limited Slough



THE EVERY PACK.



Vitamins and tonics

Table III: Drugs which may cause vitamin deficiencies

Vitamin	Drug causing deficiency	Cause	Reference
B ₁	prolonged parenteral feeding with carbohydrates	increased demands	(42)
B ₂	oral contraceptives	mechanism uncertain	(43)
B ₆	oral contraceptives Isoniazid	see text altered metabolism	(44,45) (42)
B ₁₂	deficiency of folic acid and vitamin B ₁₂ methotrexate cholestyramine neomycin colchicine high ethanol intake metformin and to a lesser extent phenformin oral contraceptives infusion of sodium nitroprusside slow release potassium chloride sodium aminosalicylate potassium citrate and/or calcium gluconate	altered ileal mucosal function reduced folate activity leading to impairment of ileal mucosal function binding of intrinsic factor structural changes in the gut mucosa altered function of ileal mucosa ultrastructural changes in the ileum malabsorption possibly inhibition of synthesis and release of proteins which transport it preferential formation of cyanocobalamin possibly acidification of ileal contents probably inhibition of folate dependent enzyme in gut mucosa	(46) (47) (48) (49) (50) (51) (52) (54,55) (53) (56) (58) (59)
Folic acid	methotrexate aminopterin pyrimethamine pentamidine isethionate trimethoprim triامترن phenytoin primidone and to a lesser extent phenobarbitone oral contraceptives isoniazid-cycloserine combination alcoholism	inhibition of dihydrofolate reductase (increased urinary excretion also observed with methotrexate) impaired absorption and/or utilisation altered folate metabolism and clearance poor diet, malabsorption altered hepatic activity and folate metabolism	(43,60,61) (62,63) (54) (64)
Vitamin C	adrenal corticosteroids oral contraceptives aspirin, barbiturates and tetracyclines	increased metabolism increased urinary excretion	(65) (66,67) (68,69)
Vitamin A	liquid paraffin cholestyramine and neomycin	malabsorption of carotene steatorrhoea complicating treatment	(70)
Vitamin K	poorly absorbed sulphonamides and tetracyclines excess vitamin A oral anti-coagulants mineral oil laxatives	reduced bacterial synthesis inhibition of bacterial K ₁ synthesis and direct antagonism of the hepatic functions of vit K reduced hepatic synthesis of clotting factors as with vit A and D	(71) (72) (73)



Obviously, when loos talk people listen.

Brobat Bloo, brand leader.
Admittedly, it's hardly surprising news.
After all, Bloo's been headed that way
for some time – expanding the market along
the way, let it be added.

What is startling, though, is the manner
in which we've achieved No. 1 position.

Get this: in the last year, Bloo has
increased its unit sales by 42%. By the same
comparison, Racasan Blue Flush saw its sales
decline by 7%.*

Meaning, of course, that Bloo's
performance was almost 50% better.

(That's right, Racasan, Fifty per cent.)
And the reason for Bloo's success?
Simple: a good product backed by good
money. Which is how we're going to continue.

A new commercial will appear this
autumn. And as well as talking about Bloo's
new pine fragrance and increased
germicide, the loo will also be singing.

If a talking loo
can make us brand
leader, what will a
singing loo do?

BROBAT
Bloo
JEYES LTD., THETFORD, NORFOLK.

*Independent Market Research.

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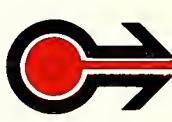
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CD/9/78

Vitamins and tonics

Rational advice

Continued from p360

fed infants normally have enough vitamin C from their mothers' milk. The compound is both oxygen and heat labile so that cooking significantly reduces the concentrations found in food. Although ascorbic acid is readily excreted, large doses may cause diarrhoea and the formation of renal calculi. The cariogenic potential of syrups in which vitamin C is often formulated, can be minimised by diluting with water prior to feeding it to babies.

Perhaps the most controversial use of vitamin C is in the use of high doses for the prevention and alleviation of the symptoms of colds. The best known proponent of this method is Pauling (24) who recommends doses of 5g daily.

A recent study has shown (25) that there is a small but statistically significant beneficial effect in the use of vitamin C as a prophylactic against colds. In addition, it has been shown that vitamin C can reduce respiratory signs and symptoms in upper respiratory tract infections possibly as a result of its mucolytic activity (26). However, the use of vitamin C especially at high dosages is not without danger. Symptoms of scurvy have been observed in subjects returning to low doses after ingestion of high doses (27). Some individuals also have a metabolic defect such that ingestion of vitamin C leads to high levels of oxalates (28) which can lead to crystalluria. Loss of bone mineral and increased collagen catabolism have also been said to be potential risks following ingestion of high doses (29).

Inositol. Of the isomers of inositol, only myo-inositol is active in ensuring the growth of human cells *in vitro*. Little is known about its other biological effects, if any.

Vitamin B₁₂. Vitamin B₁₂ has its greatest effect on nucleic acid formation and deficiency leads to pernicious anaemia. Deficiency normally arises as a result of impaired absorption caused by the failure of gastric mucosa to produce intrinsic factor. Dietary deficiency may be observed in strict vegetarians since foods of animal origin are the only significant source of the vitamin.

Smokers were found to have lower vitamin B₁₂ serum levels than non-smokers in a sample of pregnant women (30). It is thought that the cyanide content of tobacco smoke leads to a depletion of vitamin B₁₂ in the body. Absorption of vitamin B₁₂ is said to be erratic following oral administration

even with the addition of hog extrinsic factor (31).

Vitamin P. This term was first assigned to a hypothetical vitamin occurring in the peel of citrus fruits. The name has since been abandoned because various compounds shown to possess vitamin P activity have a common chemical nucleus and are now better described as bio-flavonoids. These include rutin, hesperidin and troxerutin. Bio-flavonoids have been used for the treatment of various conditions including haemophilia, diabetic retinitis, menorrhagia, rheumatoid arthritis and colds. To counter the observation (32) that little is absorbed from the gastro-intestinal tract, soluble derivatives have been prepared. However, despite claims (33, 34) for their usefulness in the treatment of chronic venous insufficiency and haemorrhoids, there are still doubts about their effectiveness (35).

Vitamin U. This was the name given to a substance obtained from cabbage juice and claimed to cure peptic ulcers (35a).

Vitamin F. The term has been applied to a mixture of unsaturated fatty acids.

Bitters and tonics

Loss of appetite is a common sequel to many diseases and bitters are often successful in restimulating appetite especially when backed by adequate suggestion. Bitters such as nux vomica and gentian are still common ingredients of the so called "tonics" while strychnine is being gradually phased out of these preparations. Other common ingredients of tonics besides B group vitamins include glycerophosphates, caffeine, alcohol, iron and various other elements. Additional advice such as taking bitters before food can add to its effectiveness.

The glycerophosphates were thought to be a more readily assimilable source of phosphorous by tissues, particularly the brain. It has also been claimed that

Table II: Recommended daily intakes of selected vitamins in the UK (40)

Vitamin	Age	Dose
C	up to 9 years	15-20 mg
	9 to 18 years	25-30 mg
	over 18 years	30 mg
	pregnancy and lactation	30 mg
*D	up to 5 years	400 units
	over 5 years	100 units
	pregnancy and lactation	400 units
A	up to 1 year	450 mcg
	1 to 7 years	300 mcg
	7 to 9 years	400 mcg
	9 to 18 years	575-750 mcg
	over 18 years	750 mcg
	during lactation	1200 mcg

*as cholecalciferol

it improves eating habits and maintains weight gain in anorexia nervosa patients (36). It would appear however that all that can be said about its usefulness is that "people say it helps".

Caffeine (300 mg) has been shown to produce a heightened degree of wakefulness when compared against a placebo (36). However if one takes into consideration the relatively small amounts present in most tonics, the high amounts found in coffee (100 mg per cup) (38), and the possible development of tolerance to caffeine (39), one wonders whether the added caffeine has any beneficial effect.

The alcohol content of some tonics is as high as 25 per cent. It is therefore important to note that drug interactions with other central nervous depressants are possible.

Vitamin requirements are difficult to assess although various bodies such as the World Health Organisation and the US National Research Council have put forward recommendations. Various foods have vitamins added to them so that the usefulness of recommended dosages is probably not as great as appears at first sight.

Deficiency of vitamins can arise from the administration of various drugs. The pharmacist must be able to identify these possibilities. Table III (p364) is based on an article by Clark (41).

Conclusion

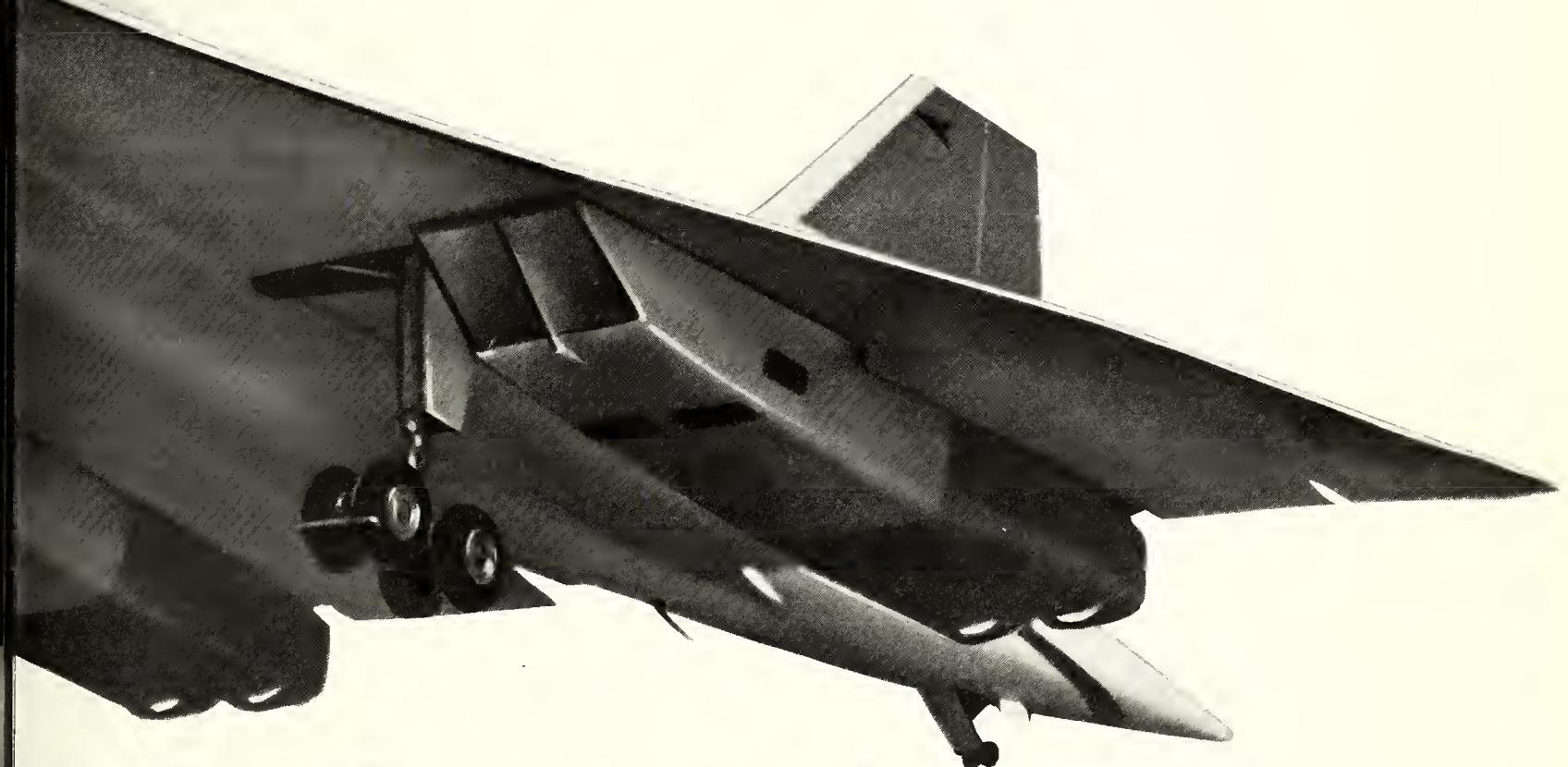
Vitamins are of prime importance for the proper functioning of the body. Deficiency generally surfaces as a series of symptoms. Correction of the imbalance leads to dramatic recoveries. For this reason, vitamins have been claimed to be useful for treating a whole multitude of conditions. Very often, hopes have been dashed but the beliefs linger on and occasionally unethical manufacturers have promoted their products for conditions for which they are ineffective. Not uncommonly, successes have been claimed prematurely. Against this background, new claims are automatically looked upon with suspicion. This in itself may hinder further progress. What is needed therefore is a critical but sympathetic approach to this whole field. Suggestions such as that of supplementing the diets of the elderly recovering from illness with certain vitamins (74) and that of increasing the vitamin C content slightly above the daily recommended dosages to ensure tissue saturation (75) may perhaps be justifiable.

In this article, iron and other essential elements have not been included in the discussion. It is hoped that another article will be devoted to them.

A list of references (mentioned as numbers in the text) is available from the author on request.



Next year Correna will make



sure that Britain sells thousands more Conordes.

hware Limited, a member of the Pilkington Group, announce that Correna International Ltd. has taken over the sole UK distribution of Conorde glasses from 1st September 1978.

This latest development in the sunglass market follows the merger four months ago of Correna and Jackel International – the branded goods division of Guinness Morison International. Now this formidable combination – already marketing the Correna and Sunbrella ranges – is further enhanced by the new collaboration with the Pilkington Group. National distribution for the Conorde range (now to be renamed Correna

Conorde) will be undertaken jointly by Correna and Jackel.

Correna Conorde are the only sunglasses available to chemists with Triplex Toughened Reactolite Rapide, the fastest reacting photochromic lenses in the world. The association of this unique, entirely British made range of top-quality sunglasses with the flair and expertise of Correna will guarantee sky-high sales in 1979.

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Vitamins and tonics

The science of ginseng

by E. J. Shellard, B Pharm, PhD, FPS, professor of pharmacognosy, Chelsea College, University of London

It is difficult to give a precise definition of the word "tonic" but most people would consider a tonic to be a medicine which restores or increases the tone or health of a person particularly after an illness. It might also be considered as a medicine which maintains the true or healthy state of a person who has not been ill. This would certainly be more in keeping with the historic oriental philosophy which is to prevent disease rather than cure it.

Ginseng should be considered primarily in this context. It has a long history in the folk medicine of the Far East, where the plant grows wild, as a means of preventing tiredness, physical and mental exhaustion, depression and the debilitating effects of old age. The earliest known reports of its use are given in the *Shen Nung Pen Tshoo Ching* published in the 2nd century BC. It was almost certainly used a long time before this with the information being passed on from generation to generation by word of mouth. It should be noted that no claims were made that ginseng

would cure any specific disease or ailment. This came later during the early days of its commercial exploitation. However, these claims were probably based on others made even earlier on religious or mystical grounds.

Then it was stated that ginseng was a panacea—a cure all—though Professor Brekhman, professor of physiology at the Marine Institute of Physiology, Vladivostok, who did much of the early work on the properties of ginseng, was able to point out at a congress in Lugano that "people misunderstood Panacea, the daughter of Aesculapius. She did not find a cure against all diseases but a remedy for maintaining the health of all people."

Very often the commercial claims were unscientific extrapolations of its positive values. For example, many of the men in China who chewed a small piece of the root everyday throughout their lives, lived to a good old age and remained healthy and virile. This led to claims in the West, one, that ginseng prolongs life and, two, that it is an

aphrodisiac. This latter claim is still being made today by some commercial sources.

Ginseng is the root of *Panax schin-seng*, Nees (*Panax ginseng* C A Meyer). Today it is obtained for commercial purposes from plants cultivated in Korea, the People's Republic of China, Taiwan, Canada and the USA.

The aerial parts of the plant are most unattractive, consisting of one or two erect stems bearing a few leaves and inconspicuous flower heads which give rise to clusters of small red berries. The plants are grown from seed, the young plants being transplanted after one year into carefully prepared soil. The roots grow slowly and take five or six years to grow to a length of 8 to 10 inches when they are harvested.

The roots may be washed, scraped to remove the periderm and dried quickly in kilns to give white ginseng or they may be washed, steamed and dried more slowly in the sun to give red ginseng. The South Koreans consider red ginseng to be superior to the white



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but there is no evidence for this and the constituents of both commercial varieties are identical.

Most of the ginseng available in Great Britain today comes from South Korea but there are increasing imports from the Peoples' Republic of China and from the North American continent. Some of the USA ginseng is from *Panax quinquefolium* which is considered inferior to the *Panax schinseng*.

The most important pharmacologically active constituents of ginseng are glycosides, the main work of isolation and elucidation of structure having been undertaken in the Soviet Union by Professor Elyakov and in Japan by Professor Shibata. The names and structures of the glycosides accepted today are those given by Shibata—the names of the ginsenosides having originally been based on the order of their separation by thin-layer chromatography.

Ro is a glycoside of oleanolic acid. Rb₁, Rb₂, Rb₃, Rc, Rd and F₂ are oligoglycosides of 20-S-protopanaxadiol while Re, Rf, Rg, Rg₂, Rh, F₁ and F₃ are those of 20-S-protopanaxatriol.

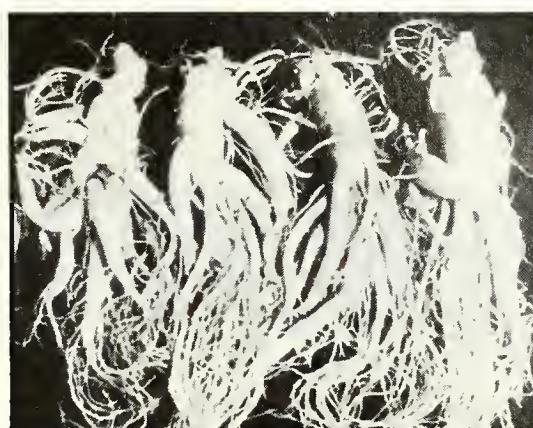
The sugars are D-glycose, L-rhamnose, D-xylose and L-arabinose.

Hydrolysis of the glycosides leads to a modification in the structure of the aglycone to give panaxadiol and panaxatriol but it is remarkable how stable the glycosides are and none of the ginseng preparations examined so far have shown any evidence of glycoside hydrolysis.

Renewed interest

The resurgence of interest in ginseng and the examination of its reported properties on a scientific basis began in the Soviet Union with Professor Brekhman who initially showed that groups of soldiers who had chewed ginseng possessed significantly greater stamina over longer periods of intense activity than those who had not taken ginseng. This led to his now famous tests on mice—the swimming and climbing tests—successfully repeated by so many investigators in many countries, and which, together with many other experiments in his own laboratories and in laboratories in Japan, Sweden and Bulgaria, led him to conclude that ginseng delays mental and physical fatigue. He also demonstrated that ginseng had anti-stress and anti-infection properties and it was on this basis that the first Soviet astronauts were given ginseng to chew while in orbit.

Although much research work was being undertaken in many parts of the world, one of the main difficulties in persuading people brought up on the basis of modern medical thought to give some consideration to ginseng was the contradictory evidence produced both by animal experiments and in clinical



Ginseng roots. The Chinese composed the name from two words meaning "man-plant"—the roots often bear remarkable resemblance to a human

reports. Ginseng was shown to have both stimulating and sedative effects; it could lead to a decrease in blood sugar level although in certain circumstances it had the opposite effect; it enhances the eating habits of normal rats so that they gained weight yet it enabled starving rats to survive for longer periods. There are many other examples of apparent contradictory effects, eg its effect on blood pressure.

However, Japanese pharmacologists have evidence to show that the two groups of glycosides, the protopanaxadiols and the protopanaxatriols, may have opposite pharmacological properties, eg glycosides of one group stimulate while the glycosides in the other group act as depressants; those of one group raise blood pressure while glycosides in the other group lower it; glycosides of one group increase blood sugar while the other group of glycosides leads to a decrease. This is of course a generalised statement and for the detailed effects reference must be made to the original papers by Takagi and Saito.

All this, together with much more experimental evidence at all levels, led Professor Brekhman to put forward his concept of a new class of substances which he calls "adaptogens". These are completely ineffective in the absence of stress but can enable the body processes to return to normal when subjected to a stress or will lead to the correction of a cell or tissue malfunction irrespective of the direction of the malfunction. This hypothesis does much to explain the multifunctional effects of ginseng in maintaining a body in a state of good health and, given time, in helping to restore malfunctioning of a tissue or counteracting a stress. It will be observed that the results depend upon total extractive of the plant organs and not on the individual isolated ginsenosides.

Whether or not this is a justifiable explanation, only time and further work will tell, but there can be little doubt today that ginseng may be considered as a true tonic.

A 'healthy' market now realising its potential

The multivitamin market is in a "healthy" state, according to manufacturers contacted by C&D. Described as a "relatively young and growing sector in the health care field" in the early 70s the market is now realising its potential. But sales levels per capita have still not reached those of the rest of Europe and the United States. In Ireland, for example, retail sales per capita are nearly double those of the UK. However, cut backs in NHS prescribing may lead to an increase in OTC sales.

Farley Health Products estimate the vitamin tablet market at £7½-8m RSP, (covering OTC and prescription sales) with over 75 per cent of total sales accounted for by chemists, excluding Boots. The company says this market has grown by 20 per cent in volume terms in the past year, whereas the vitamin tonic market is worth £2½m with a volume growth of 6 per cent. Farley claim brand leadership in the tablet market with Haliborange.

Roche say the vitamin and mineral supplement market was worth £24m in 1976 and the first six months of 1977 showed a 37 per cent volume increase. The multivitamin section of the market has shown almost a 30 per cent volume increase in sales in 1978 to date over 1977 and appears to be following the trend of the vitamin C market which has almost doubled in volume terms over the past two years.

Promotions

Farley Health Products, who say that Haliborange sales have increased 22 per cent in volume, are planning heavy consumer advertising for 1978-9. A television campaign begins on October 2 in Midlands, Lancashire, Yorkshire, Border, Westward, Ulster and Harlech areas, with radio advertising in London and Scotland throughout the peak selling season. Leading women's magazines will carry full page colour advertisements. Minadex will be advertised regionally on television for the first time, again supported by national Press advertising in women's magazines. Beecham will continue to advertise Phyllosan, Yeast-vite, Iron Jelloids and Phospherine in major women's magazines.

From September 4, for four weeks, Vitabiotics Ltd, 1 Beresford Avenue, Wembley, Middlesex, are offering display packs of Omeg-H₃ health food supplement, eight boxes charged as six.

Approved Prescription Services Ltd are also offering a bonus on APS chewable A, C and D vitamin tablets (see Counterpoints), available in a display outer.

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Yet many retailers have been disappointed in their efforts to obtain it. They've been writing to, and even telephoning the States. And still failing to satisfy their customers.

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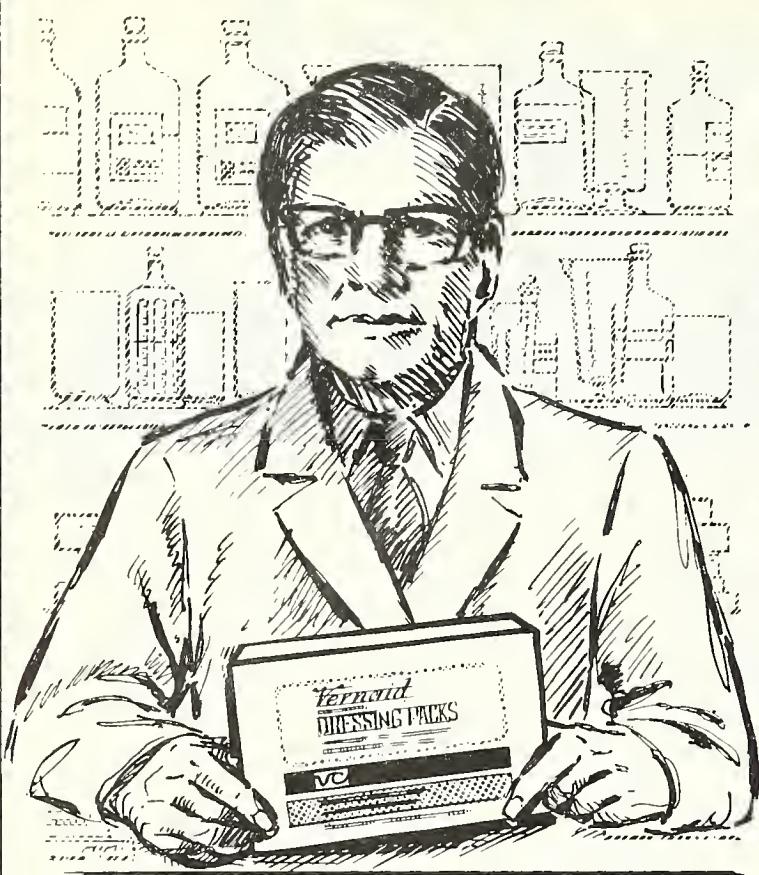
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Glaxo entering a new phase of growth

Glaxo Holdings Ltd are now entering a new phase of growth, according to brokers Montagu, Loeb, Stanley & Co.

After the stagnation of the past two half years when pretax profits were up by 4 per cent and 2 per cent, analyst Mr Andrew Loutit forecasts second half growth of 15 per cent to give £95 million for the year ended June 30 and a further 19 per cent advance to £113m in the following year. Sales of £540m are forecast for 1978 and £648m for 1979.

In a report published recently, Mr Loutit says there has been a start to a real trading improvement following UK price rises sanctioned in February, which were the first for $2\frac{1}{2}$ years and which should be reflected in overseas prices later this year. The Pharmaceutical Price Regulation Scheme was a considerable constraint to profitability between 1976 and early 1978, and the author believes that the formula adopted by the scheme may even have penalised the company for its own cost efficiencies.

Glaxo is the UK's leading pharmaceutical company in terms of worldwide sales; over 60 per cent of sales are derived overseas, including UK exports which are 23 per cent of group sales. It is the world leader in corticosteroids and has an important position in antibiotics, especially cephalosporins in which it is the world number two, even though profitability is being undermined by competition. Growth of Trandate and Zinacef should underpin short/medium term prospects, the author says. Research and development is currently undergoing a major expansion, which is "an encouraging sign for the longer term."

Because of the high costs involved, research will continue to be aimed at therapeutic areas with the largest potential market, which in the immediate future will mean further research into antibiotics, steroids, anti-asthmatics, cardiovascular drugs, etc, aimed at the mature economies of the world.

Roche ordered to reduce prices

Hoffman-La Roche have been ordered to reduce the prices of Valium and Librium by 24 per cent by the West Berlin District Court. However the decision has been suspended pending referral to the Federal Supreme Court.

In 1973 the West Berlin Cartel Office launched an investigation into Roche's tranquilliser prices and subsequently ordered a 40 per cent reduction for Valium and 35 per cent for Librium. In 1976 the West Berlin District Court found there was a misuse of a market dominating position for the two drugs and called for a reduction of 28 per

cent. That ruling was overturned by the High Court in Karlsruhe which ordered the case to be heard again.

The latest ruling is again supported by the argument of misuse of a market dominating position. Roche may not sell the drugs for more than 76 per cent of present prices and are forbidden to charge more per unit for larger packs. The Berlin court notes that although the company no longer has a market dominating position because of a sinking share of sales, it still "shares domination" with other competitors.

Scholl merge with Schering-Plough

Scholl have confirmed that, subject to shareholders' approval, it will merge with the Schering-Plough Corporation. Scholl will continue to operate independently and looks forward to the merger which, because of increased financial and research resources, will enable the company to develop its growth potential.

Mr William H. Scholl will remain as chief executive for Scholl Inc and will also become a member of the Schering-Plough board of directors.

'Good result' for William Ransom

Pretax profits for William Ransom & Son Ltd during the year ended March 31 increased by 15.5 per cent to £629,379 (£545,063 in 1977). After tax profits rose by 25 per cent to £357,610 (£286,474). Turnover was £2.54 million (£1.98m). The chairman, in his statement, says the result has been good considering trading conditions have not been easy. He remains confident that the steady growth will continue.

Beecham clearance for merger

The proposed merger between Beecham Group Ltd and Scott & Bowne Ltd is not to be referred to the Monopolies and Mergers Commission, the Secretary for Prices and Consumer Protection Mr Roy Hattersley has decided.

Bayer AG sales down

During the second quarter of the year, domestic sales for Bayer AG declined by 8.7 per cent to DM 1,061 million compared with the corresponding period of 1977. Exports during the period rose by 2.1 per cent to DM 1,527m. Pretax profits decreased by 12.4 per cent to DM 380m (DM 434m).

Wellcome orders

Wellcome Foundation Ltd say that orders should continue to be sent to warehouses at present for forwarding to Dartford. Changes in the company's operations and the move to Crewe were outlined last week (p 337).

APPOINTMENTS

Janssen Pharmaceutica: Mr Keith Lewis has joined the Janssen team in Ireland. **Northfleet Group:** Mike Byrnes has been appointed regional accounts manager for the midlands area.

Jackel & Co Ltd: Mr I. C. Duncan has been appointed North England and Eire area manager following territorial restructuring. He has been succeeded as Scottish area manager by Mr J. Murphy, formerly of Wilkinson Sword.

Knox Laboratories Ltd: Mrs Mavis Fairchild has been appointed customer services administrator following the establishment of a customer services department at the head office in Whitchurch, Bucks.

British Tissues Ltd: Mr Ronald Day has been appointed managing director in succession to Mr Fred Wilson who is retiring. Mr Day was formerly group managing director of SAPPI Ltd, the South African paper manufacturing subsidiary of Union Corporation.

W & T Avery Ltd: Mr N. B. Woolhouse has been appointed area manager, Sheffield, and will control 14 branch offices spanning South Yorkshire and the counties of Nottinghamshire, Lincolnshire and Derbyshire. Mr Woolhouse was previously area manager, Reading.

New Era Laboratories Ltd: Two additional representatives have been appointed—Deborah Aplin joins them on the west London and west Home Counties territory and John Roberts in Lancashire, N. Wales and the Potteries. This brings the sales force strength to five and the company says there are further appointments in the pipeline.

Faberge Inc: John Danks has been promoted to sales manager from field sales manager and Geoff Heald becomes sales manager for 20:21. Mr Heald has been with the consumer product division since it began in 1973 and is currently setting up a new sales operation for the launch of this new men's brand (C&D, June 17, p984). In his new position Mr Heald will be involved with the brand's marketing.

Wilkinson Sword Ltd: Mr George Palmer has been appointed managing director of Wilkinson Products (UK). He succeeds Mr George Middleton who becomes product director (personal products) with full-time responsibility for co-ordinating Wilkinson Sword's razor blade manufacturing facilities internationally. Mr Palmer will also be in overall charge of the Wilkinson garden tools and scissors operations, sales of Foster Grant and Camargue sunglasses and Nutbrown products.

Mr Palmer



Mr Middleton



Do not, of course, kill a patient . . .

Some insights into pharmacy in the early 1900s
by Pamela Bradshaw, MPS*

In the early 1900's apprentices were accepted for their three years training in a pharmacy, after reaching the required educational standard, and before their full time college course on pharmacy. The apprentices' and shop assistants' working hours were not regulated by law and they usually worked 12 hours daily, 14 hours on Saturdays, with no half day. The week before Christmas was always extremely arduous with evening closing time getting later each night, ending on Christmas Eve with the door being locked about midnight.

For all this labour the apprentices

commonly received no wages. Indeed their parents often had to pay the chemist a premium of up to £50 to employ them. After completing three years apprenticeship and the six month college course, culminating in the minor examination, the new young pharmacist might find employment as an assistant at about 15 shillings a week.

At this time society was still deeply divided into different classes, not only by money but also by education and was no longer the sole prerogative of the upper classes as it had been 100 years previously when an average of 150,000 top rank English gentlemen

toured the Continent annually. In 1855 Thomas Cook organised his first foreign tour and by 1890 half a million tourists left Britain annually. By 1900 the number of tourists, including many prosperous members of the upper middle class, had reached one million.

Some of the gentry considered that these parties travelling abroad destroyed the image of the British gentleman and that their behaviour, which was most decorous compared to standards of behaviour today, disturbed the tranquility of the wealthier travellers and British residents. Journalist Cornelius O'Dowd attacked Thomas Cook, "Take my word for it, if these excursions go on, nothing short of another war or another Wellington will ever place us where we once were in the estimation of Europe."

The wealthy travellers and residents in Paris and the south of France at this period experienced no difficulty in obtaining their accustomed medicines. It was thought an excellent practice to finish off pharmaceutical studies with a period working as an assistant in a French pharmacy. About 1900 at least 100 English assistants, who had recently qualified, travelled to the south of France and were employed for the winter "season", some of them then moving on to Paris. Their duties were generally confined only to attending to American and English customers and dispensing their prescriptions.

Experiences described

A young pharmacist who went to the Riviera in the 1900 season described his experience thus. "Our pharmacy is large and well-arranged; the *garçons* do all the dusting and look after the place from about 6 till 8 in the morning, when we make our appearance. 'We' includes a German, a Swiss, and myself. I attend to the English and the Americans, and they see to the others. Each alternate Sunday I am on duty all day, except three hours for meals. On weekdays we are on duty alternately till 7 and 10 or 9.30 p.m. We have an hour and a half for lunch at 12 noon, and the same for dinner at 7 p.m. We sleep in, but board out, and many of us go to the same restaurant where, for 90fr a month, we eat, drink, and make merry.

"English patent medicines are greatly in evidence. We have separate English labels for many of our specialities and of course for dispensing; in fact, we have so many English things about on our counter and elsewhere that our customers remark on its being quite like an English chemist's shop. Oxygen is in great demand for chest and throat troubles. We make it from potassium chlorate and manganese, store it in a small gasometer, and retail it in india-rubber bags. We have English weights and scales and measures, and, in fact, everything there should be in a well-appointed pharmacy. Prices are very good, especially for dispensing."

*Part 5 of a series started in Retail Chemist.

"Ear Piercing?"

**"IT'S SO EASY AND PROFITABLE
I WISH I'D STARTED
YEARS AGO"**

It was just eight months ago, that I started and last week I did my 150th piercing. Making about £3 profit a time you can see why I wish I'd been doing it for years.

I pierce in the open shop, and it's so quick - faster than making up a prescription.

What's really surprising is I've got a lot of competition but it would seem that people prefer to put their trust in piercing at a

chemist shop - and not only that - I'm using the safest system in the world - Inverness, the only disposable system.

Inverness Ear Piercing kits start at £29.



N.B. The above is based on an actual example.
The picture is of an actor.

Please send me an Inverness brochure.

Please ask a representative to telephone me to arrange a No Obligation demonstration.

Name

Address

Telephone No.

Louis Marcel Ltd, 12 Bexley Street, Windsor. Tel: Windsor 51336.

Indian senna short

London, August 30: Tinnevelly senna has become short on the spot following a poor "wet" or main crop at origin this year. Little improvement is likely therefore before the "dry" crop becomes available in the new year. Meanwhile there is no change in the Alexandria supply position and prices are also unchanged. The main obstacle encountered by merchants obtaining stocks from that origin is getting their orders shipped.

Among botanicals marked up during the week were gentian root, Peru balsam, lemon peel and hydrastis. Russian liquorice root is unobtainable at source and difficult to find on the spot. Lower were ipecacuanha and senega.

Peppermint oil was firmer and Mysore sandalwood rose by £7.50/kg on the spot. Ginger oil is particularly hard to obtain with China not offering and the shortage of West African root from which source English distilled oil is usually prepared. Also dearer were anise, Ceylon citronella and patchouli. Lower were camphor white, cedarwood and lemongrass for shipment.

Pharmaceutical chemicals

Ascorbic acid: (Per kg) £7.70; 5 kg £6.45 25-kg £5.70 sodium ascorbate, as for the acid; coated, £7.91, £6.66, £5.91 respectively for same quantities; palmitate £21.14, £19.89, £19.14 respectively.

Bismuth salts: £ per kg.

	50-kg	250-kg
carbonate	10.46	10.41
salicylate	8.70	—
subgallate	9.24	—
subnitrate	9.47	9.40

Borax: EP grade, 2-4 ton lots per metric ton in paper bags, delivered—granular £225; powder £245; extra fine powder £261.

Bromides: Crystals £ per metric ton.

	Under 50-kg	50-kg	1,000-kg
Ammonium	1,111	950	891
Potassium crystals	1,140	960	918
powder	1,043	—	1,001
Sodium	1,140	967	924

Carotene: Suspension 10% £33.42/kg; 5-kg £31.42/kg. 30% £59.13 and £57.13 respectively. Crystalline £174.05/kg.

Chloral hydrate: 50-kg lots £1.43/kg.

Choline: (500-kg lots) bitartrate £2.41/kg; dihydrogen citrate £2.40.

Ergometrine maleate: £6.65/g in 50-kg lots.

Ergotamine tartrate: £4.25/g in 50-g lots.

Glucose: (Per metric ton in 10-ton lots)—monohydrate £215; anhydrous £550; liquid 43° Baumé £234 (5-drum lots); naked 14-tons £187.

Glycerin: In 250-kg returnable drums £610 metric ton in 5-ton lots.

Hypophosphites: £ per kg.

	12½-kg	50-kg
Calcium	4.20	3.94
Iron	7.19	6.92
Magnesium	6.63	6.02
Manganese	8.34	7.69
Potassium	5.76	5.46
Sodium	4.75	4.22

Mercury: BPC redistilled £7.10/kg in kg lots.

Mersalyl: Acid £35.07/kg in 10-kg lots.

Metyl: Photo grade per kg, 50-kg lots £6.37.

Nicotinamide: (Per kg) £6.29; £5.04 in 5-kg lots; £4.29 (50-kg).

Nicotinic acid: £6.23/kg; £4.23/kg in 50-kg lots.

Paraffin liquid: £ per litre excluding duty:

BPC grades	1-5 drums	6 drums	bulk
No 4	37.7	37.3	32.3
WA3	37.1	36.7	32.7
medium WA2	38.4	38.0	34.0
heavy	40.9	40.5	36.5
light technical WA23	34.4	34.0	30.0
WA21	35.8	35.4	31.4

Petroleum jelly: BP soft white £356.60 metric ton delivered UK; yellow BP £338.556 in 174-kg drums.

Pyridoxine: (Per kg) £27.70/kg, £28.45 in 5-kg lots; £25.70 (20-kg).

Riboflavin: (Per kg) £33.42; 5-kg lots £32.17; 10-kg £31.42; diphosphate sodium £80.56, 5-kg £78.56.

Saccharin: BP in 250-kg lots £4.93/kg; Sodium £4.25.

Sorbitol: Powder £500 metric ton; syrup £250.

Stilboestrol: BP in 25-kg lots, £115.50/kg.

Talc: BPC sterilised £510 metric ton in 50-kg lots; £310 for 1,000 kg lots.

Thiamine hydrochloride: Per kg £19.05; 5-kg £17.80; 25-kg £17.05; mononitrate as for hydrochloride.
Tocopherol: DL alpha £19.31/kg; 5-kg £17.13/kg.
Tocopherol acetate: £16.56/kg; £15.31/kg in 5-kg lots; £14.56 (20-kg). Powder 25% £16.13; £14.88; £14.13 (25-kg) respectively.
Vitamin A: (Per kg) acetate powder 500,000 IU/g, £17.70; £15.70 in 5-kg lots. Palmitate, oil 1 miu £17.99; £15.99; water-miscible type 100 £6.27 litre; £4.27 litre in 6 litres.
Vitamin D2: Type 850, £52.42/kg..
Vitamin E: See tocopherol acetate.
Zinc acetate: Pure £1.09/kg in 50-kg lots.
Zinc chloride: Granular 96/98 per cent £420 metric ton, delivered.

Crude drugs

Aloes: Cape £970 ton spot; £920, cif. Curacao £2,230 cif.
Balsams: (kg) Canada: unchanged at £13.20 spot; £13.10 cif.
Copaiba: £2.50 spot; no cif. Peru: £8.30 spot £8.25, cif. Tolu: £5.40 spot.
Benzoin: £163 spot; £162, cwt cif.
Chillies: New Guinea birdseye £2,350 metric ton spot; £1,900-£2,250 cif as to date of shipment.
Camphor: Natural powder £5.40/kg spot; £5.30, cif. Synthetic £0.95 spot £0.75, cif.
Cascara: £930 metric ton spot; £920, cif.
Cinnamon: Seychelles bark £470 metric ton spot; £375, cif. Ceylon quills 4 o's £0.74/lb; featherings £3.05 metric ton, cif.
Cloves: Madagascar-Zanzibar £4,300 metric ton, spot; £3,900 cif.
Dandelion: Spot £1,620 metric ton spot; £1,600 cif.
Ergot: Portuguese-Spanish £1.25 spot; £1.20, cif.
Gentian: Root £1,620 metric ton spot; £1,600, cif.
Ginger: Cochin £1,000 metric ton, spot; £910, cif.
Henbane: Niger £1,630 metric ton spot; £1,600, cif.
Hydrastis: spot £11/kg; forward £10.75, cif.
Ipecacuanha: (kg) Costa Rica £8.70 spot; £8.60, cif.
Kola nuts: £600 metric ton spot; £530, cif.
Lemon peel: Unextracted, £1,230 metric ton spot; shipment £1,210, cif.
Liquorice root: Russian £360 no spot; £360 metric ton, cif. Block juice £1.48-£1.80/kg spot; spray dried £1.50-£1.60/kg.
Lobelia: American £1,290 metric ton spot; European £1,220 spot.
Lycopodium: Russian £5.20/kg, cif. Indian £4.50
Mace: Grenada unsorted £2,130 ton, fob.
Menthols: (kg) Brazilian £9.10 spot; £8.80, cif. Chinese £7.75 duty paid; £7, cif.
Nutmeg: (per metric ton) Grenada 80's unquoted; unassorted £1,425 defectives £1,120.
Nux Vomica: No spot; forward £255 metric ton, cif.
Pepper: (metric ton) Sarawak black £910 spot; \$1,650 cif; white £1,650 spot; \$2,625 cif.
Pimento: Jamaican 1,120 metric ton spot; £1,085, cif.
Podophyllum: Root Chinese £420 metric ton, cif. Indian £830, cif.
Quillala: Spot £1.20/kg; £0.90, cif.
Rhubarb: Chinese rounds 60 per cent pinky £3.50/kg, spot; £3.25, cif.
Saffron: Mancha superior nominal.
Seeds: (metric ton). Anise: China star £760, cif; forward. Celery: Indian £470, cif. Coriander: Moroccan £210. Cumin: Turkish £850; Iranian £950. Dill: Chinese nominal. Fennel: Chinese £240. Fenugreek: Moroccan £235. Mustard: English £250-£350 spot.
Senega: Canadian £11.80/kg spot; £11.50, cif.
Senna: (kg) Alexandria pods hand-picked at from £2 upwards; manufacturing £0.60. Tinnevelly f.a.q leaves £0.42; pods, f.a.q £0.40 hand-picked £0.50.
Styrax: Turkish natural £4.10/kg spot; no cif.
Tonquin beans: Para £2.30/kg spot; £2.10, cif.
Turmeric: (metric ton) Indian powder £975 metric ton, cif.
Witchhazel leaves: £3/kg spot; £2.80, cif.

Essential oils

Anise: (kg) Spot £14.85; shipment £14.75, cif.
Almond: Sweet in drum lots £1.10/kg duty paid.
Bay: West Indian £11.20/kg spot; £10.85, cif.
Bois de rose: Spot £6.50/kg; shipment £6.25, cif.
Buchu: South African £120 per kg spot; English distilled £190.
Cade: Spanish £1.25/kg.
Camphor white: £0.95/kg spot; £0.80, cif.
Cananga: Java £17.50/kg spot; £17, cif.
Caraway: Imported £20/kg spot.
Cassia: Spot nominally £36.50/kg; shipment £34, cif. English distilled from bark £160.
Cedarwood: Chinese £1.45/kg spot; £1.36, cif.
Celery: English distilled £40/kg.
Citronella: Ceylon £1.50/kg spot; £1.42, cif. Chinese £2.30 spot; £2.15, cif.
Coriander: Russian about £20/kg.
Eucalyptus: Chinese £1.87/kg spot; £1.73, cif.
Fennel: Spanish sweet £10/kg spot.
Geranium: Bourbon £47/kg spot; £46.25, cif.
Ginger: Chinese £40/kg spot; no cif. Other sources up to £75/kg spot. English-distilled £120.
Lavender spike: £12.50/kg cif.
Lemongrass: Cochin £5.50/kg spot; £4.65, cif.
Lime: West Indian £10.50/kg spot.
Mandarin: £18.50/kg spot.
Orange: Florida £0.60/kg spot; £0.56, cif. Brazilian £0.47/cif, spot.
Origanum: Spanish 70 per cent £16/kg nominal.
Patchouli: Indonesian £9.80/kg, cif.
Peppermint: (kg) Arvensis-Brazilian £5.50, spot, £5.15, cif. Chinese £4.25, spot and cif. Piperata American Far West about £15.60, cif.
Sandalwood: Mysore £87.50/kg, East Indian £73.
Spearmint: (kg) American Far-West £11.50. Chinese £12.25 spot; and cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

LETTERS

Help for the incontinent

Readers of *Chemist and Druggist* of August 19 will have been struck by editorial comment drawing strong attention to the problems of those affected by incontinence, and to the part which pharmacists could play in regard to the supply of equipment. The Disabled Living Foundation has already received many letters asking for further information and advice.

The Foundation offers a specific incontinence advisory service not only to individual incontinent people and their families but also to concerned professionals. Incontinence is a symptom which can affect all ages and it is often inadequately understood and dealt with: if both consumer and professional knew more, needs would become more clearly defined and the job of the pharmacist made easier.

The incontinence advisory service welcomes inquiries. A certain amount of literature is available, in addition to the booklet about children's difficulties by Jonathan Bradshaw reviewed on August 19. There is a handbook "Incontinence: A guide to the understanding and management of a very common complaint" (obtainable from the Disabled Living Foundation price £1.75) which could well appear on sale in pharmacies. This would be of value to both the public and the professional and includes information about aids and equipment. Seminars are held at the Foundation and aids are on permanent display.

Dorothy Mandelstam, MCSP DipSocSc

Incontinence adviser

Disabled Living Foundation
346 Kensington High Street
London W14 8NS

The publishers of the handbook, Heinemann Health Books, 23 Bedford Square, London WC1B 3HT, offer trade discounts on six or more—Editor.

COMING EVENTS

Wednesday, September 6

North Staffs, Shropshire, Macclesfield, Crewe and South Cheshire Branches, National Pharmaceutical Association, Clayton Lodge Hotel, Newcastle-under-Lyme, at 8 pm. Discussion on developments in wholesalers' services to independent chemists, including voluntary RPM on "ethicals". Speakers, Mr Don Ross, Mr Marshall Gellman and Mr Arthur Trotman, directors of NPU Holdings Ltd

Thursday, September 7

Royal Society of Health, visit to BUPA medical centre, Webb House, 210 Pentonville Road, London N1, at 5.30 pm.

Advance information

Lincolnshire Pharmaceutical Conference, Petwood Hotel, Woodhall Spa, September 24, at 10 am. Speakers: Mr Graham Walker, secretary, Lincolnshire LPC, Mr Stephen Axon, secretary, Pharmaceutical Services Negotiating Committee, Mr Geoffrey Callaghan, secretary Lincolnshire (North) Community Health Council, 2.30 pm—"The battle for medicine sales", speakers Mr P. J. Dodd, managing director, Unichem Ltd, Mr J. P. Wells, executive director, Proprietary Association of Great Britain. Inquiries to Mr Walker, Hall Place, Spalding.

Classified Advertisements

Post to Classified Advertisements, Chemist & Druggist,
25 New Street Square, London EC4A 3JA.

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APPOINTMENTS

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513

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MISCELLANEOUS

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"AGENTS/REPS" wanted to sell to chemists on transfer order basis London/South East. Established line, good wholesale coverage. Commission per order paid. Other areas considered. Box 2560.

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BUSINESSES WANTED

PHARMACIST. Wishes to purchase an established pharmacy business with turnover in excess of £50,000 in Norfolk. All replies treated in confidence. Please reply Box 2561.

FOR SALE

SINGLE EDGE BLADES (E.R. TYPE). Packs of 100 £4.50 inc VAT, post free. Free sample on request. Cheque with order. Gordon Chemists, 2b Cricklewood Lane, London, NW2 1EX.

ONE-SIZE TIGHTS from £1.95 doz. plus VAT. Min. order 6 doz. overall CWO. Carriage free. Full range Price List. E & R Kaye, 3 South Place, London EC2.

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*Independent Research Survey April 1978.